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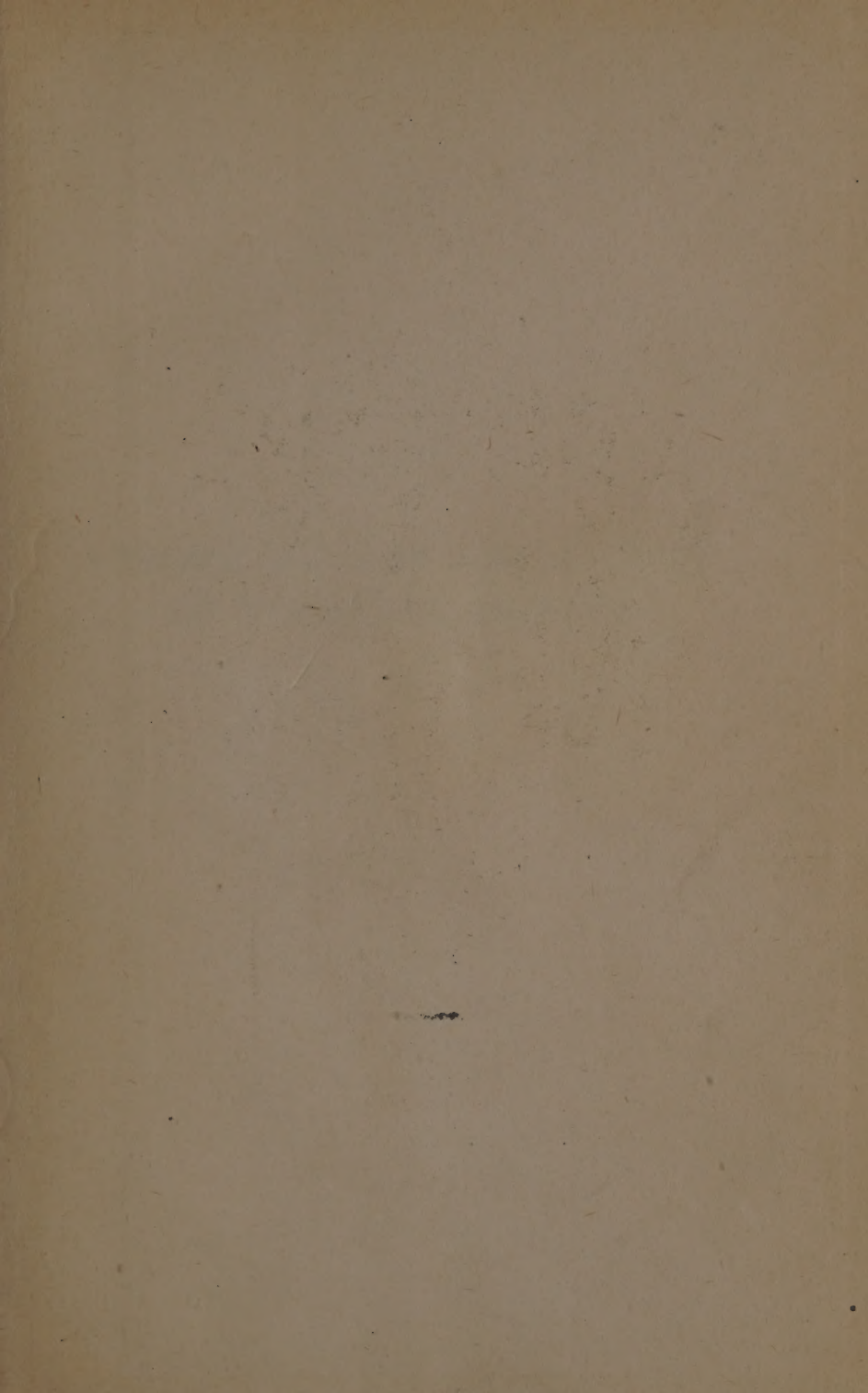
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REPORT ON THE PREVENTION
OF VENEREAL DISEASE

21/-

PREVENTION OF VENEREAL DISEASE

*[Being the Report of and the evidence taken by the
Special Committee on Venereal Disease.]*

21/-

LONDON
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PREVENTION OF VENEREAL DISEASE

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PREFACE

THE Birth-rate Commission began its labours on October 24, 1910, and offered its first report, *The Declining Birth-rate*, to the Right Hon. Walter Long, M.P., President of the Local Government Board, on June 28, 1916, and its second report, *Problems of Population and Parenthood*, to the Right Hon. C. Addison, M.D., M.P., Minister of Health, on June 25, 1920.

One of the Terms of Reference of the second report was to consider "The present spread of venereal disease, the chief cause of sterility and degeneracy, and the further increase of these diseases during demobilisation." Section IV (*a* and *b*) was devoted to this subject, and the reader is referred to that report, which deals with ante-natal syphilis, gonorrhoea, compulsory notification and treatment of venereal disease, the problem of the sexual relations of venereally diseased persons, amendments in matrimonial laws with respect to venereal infection, the problem of prostitution in its relation to venereal disease, confidential death certificates and self-disinfection.

Owing to the high cost of production and the extent of the evidence here presented, it is not possible to quote the conclusions and recommendations of the previous report, which the reader is urged to obtain. But one passage may be given as showing the position of the Commission at that time:—

"The Birth-rate Commission have also considered the note (Cmd. 322) by the Chairman of the Inter-departmental Committee to the Minister of Health. It is there stated that the local application of certain disinfectants at centres within a short time after intercourse has been more efficacious in preventing venereal disease among soldiers and sailors than the application of the same remedies by the individual himself. The National Birth-rate Commission is of opinion that the establishment of Early Treatment Centres in urban districts is desirable. The Commission, however, do not think that such provision will solve the problem of the prevention of venereal disease, and other preventive measures will probably also be necessary."

"The Birth-rate Commission desire to record their opinion that, in view of the gravity of the venereal disease problem, the Ministry of Health would be justified in calling the attention of the public to the fact that abstinence from promiscuous sexual intercourse is the only thoroughly effective method of preventing the spread of disease, and that it is the urgent duty of every citizen who indulges in promiscuous sexual intercourse in disregard to

the claims of sex morality and citizenship, and thereby exposes himself or herself to the risk of infection, to use some method of disinfection, either personal, immediately after intercourse, or by private medical treatment, or by attendance at an Early Treatment Centre at the earliest opportunity."

"Should the Minister of Health see fit to do this, then the question arises how this immediate disinfection could be best brought about."

At the presentation of that report to Dr. Addison, the Commission, in spite of its long and arduous labours, expressed its willingness, in view of the extent and grave menace to national life of venereal disease, to assist, if Dr. Addison so desired, in any further inquiry or movement to unite the forces dealing specifically with venereal disease, and further to consider the question of disinfection, referred to in the above quotation.

Later, the Council strongly urged the Ministry of Health to undertake such an inquiry itself. After careful and prolonged consideration with his advisers, Dr. Addison came to the conclusion that such an inquiry, if conducted by the Ministry, would defeat the object in view, and he consequently gladly agreed to render all possible assistance if the National Council of Public Morals undertook such an inquiry, as he felt it was much needed.

On receipt of this final decision, and urged thereto by the gravity of the evidence brought before the Commission, the National Council felt that, whatever labour or expense this involved, it could not refuse this proposal. This additional effort was undertaken despite the fact that the Commission had already started upon its third investigation, dealing with "The Development and Education of Young Persons for Worthy Parenthood." These two inquiries have proceeded *pari passu*; the report of one is here presented, and the other inquiry will now be continued, without interruption, in England, Scotland and Wales, by special Committees established for each country, and is likely to occupy another year or more.

The National Council was very fortunate in obtaining the services of the following eminent men and women as members of the Special Committee established for the specific purpose of the venereal disease inquiry.

MEMBERS OF THE COMMITTEE

- THE LORD BISHOP OF BIRMINGHAM, C.B.E., D.D. (President).
 SIR WILLIAM ARBUTHNOT LANE, BART., M.S., F.R.C.S. (Consulting Surgeon to Guy's Hospital).
 SIR ALFRED PEARCE GOULD, K.C.V.O., F.R.C.S.
 SIR F. W. MOTT, M.D., F.R.S. (Pathologist to the London County Asylums and Director of the Pathological Laboratory).
 SIR HUMPHRY DAVY ROLLESTON, K.C.B., M.D., F.R.C.P. (Senior Physician, St. George's Hospital).
 PROFESSOR SIR GERMAN SIMS WOODHEAD, LL.D. (Professor of Pathology, Medical School, Cambridge).

CHARLES J. BOND, ESQ., C.M.G., F.R.C.S. (Member of the Medical Research Council).
 CHARLES GIBBS, ESQ., F.R.C.S. (Surgeon to Lock Hospital).
 T. EUSTACE HILL, ESQ., O.B.E., M.B., B.Sc. (Medical Officer of Health, County of Durham).
 ERIC PRITCHARD, ESQ., M.D., M.R.C.P. (Physician of Queen's Hospital for Children).
 AMAND J. ROUTH, ESQ., M.D., B.S., F.R.C.P. (Consulting Obstetric Physician to Charing Cross Hospital).
 ALFRED T. SCHOFIELD, ESQ., M.D.
 AGNES DUNNETT, M.B.
 MARY D. SCHARLIEB, C.B.E., M.D., M.S.
 REV. PRINCIPAL A. E. GARVIE, M.A., D.D. (Vice-President).
 RIGHT REV. MONSIGNOR PROVOST W. F. BROWN, D.D., V.G.
 REV. F. B. MEYER, B.A., D.D.
 REV. RABBI PROFESSOR HERMANN GOLLANCZ, M.A., D.Lit.
 REV. JAMES MARCHANT, C.B.E., LL.D., F.L.S., F.R.S.Ed. (Secretary).

And it has been equally fortunate in obtaining the co-operation of the expert witnesses whose names appear on p. ix. To them the Council desires to tender its warmest thanks for their willing and valuable aid, without which the inquiry could not have been conducted.

The Ministry of Health gladly sent three of its most experienced officers to assist the inquiry, and we desire respectfully to tender our best thanks to Dr. Addison and to them for their assistance.

The War Office without hesitation supplied us with information about venereal disease in the Army of Occupation in Germany, and the American Army officials on the Rhine did likewise.

It would be invidious to single out any member of this Special Committee, or its Sub-Committee, to whom to express our thanks, when all have served the cause and the nation with whole-hearted devotion to find some practical solution of the very difficult and urgent problems presented in the Terms of Reference, which appear on p. xiii.

The President, the Bishop of Birmingham, whom we all greatly honour and esteem, has been untiring in his attendance, and he has, as before, kept the whole Committee and Witnesses cheerfully at work, and got the best out of everybody.

The Evidence (which has been passed by each witness as printed), to which we would draw particular attention, has been published at length, in order that doctors, Public Health authorities, and religious and social workers may have the views of acknowledged and experienced experts before them in dealing with the vital physical and moral problems involved in this inquiry. The volume as a whole, in view of medical details, should be regarded as intended for such reading, and not for the general public indiscriminately.

In conclusion, it may be stated that the Members of the Committee who have signed the Report are to be considered to have

expressed their general agreement with its conclusions, without necessarily asserting their unanimity in every detail, especially of a technical character.

The Council left the Committee free in every way to pursue their inquiries, and their Report is now presented to the public without alteration by the Council. *The Committee is alone responsible for its Report.*

The National Council of Public Morals feels itself honoured in thus being again permitted to serve the nation, the empire, and the race.

JAMES MARCHANT

*(Secretary to the Venereal Disease Committee,
the Birth-rate Commission and the
National Council of Public Morals.)*

*Rhondda House,
60 Gower Street,
London, W.C. 1.*

February 1921.

LIST OF WITNESSES

1. Mr. CHARLES GIBBS, F.R.C.S., Surgeon of the Lock Hospital.
2. Dr. JOHN ROBERTSON, C.M.G., O.B.E., M.D., B.Sc., Medical Officer of Health, Birmingham.
3. Dr. C. J. MACALISTER, C.M., M.D., F.R.C.P.
4. Dr. A. M. FRASER, Medical Officer of Health, Portsmouth
5. Rev. J. H. BATESON, C.B.E., H.C.F.
6. Dr. (now Sir) MAURICE CRAIG, M.D., F.R.C.P.
7. Dr. MORNA RAWLINGS, M.B., B.S., The Lock Hospital.
8. Dr. JAMES NIVEN, Medical Officer of Health, Manchester.
9. Mrs. HORNIBROOK (Miss ETTIE A. ROUT), New Zealand Official Reporter and War Worker.
10. Dr. E. B. TURNER, F.R.C.S., National Council for Combating Venereal Disease.
11. Reverend Father T. E. FLYNN.
12. Sir ARCHDALL REID, K.B.E., M.B., F.R.S., Ed.
13. Dr. J. H. SEQUEIRA, M.D., F.R.C.P., F.R.C.S., Physician of Skin Department and Lecturer on Dermatology and Syphilology, London Hospital.
14. Major A. NELSON, O.B.E.
15. Major C. WHITE, Rochester Row Military Hospital.
16. Dr. DOUGLAS WHITE.
17. Rev. J. WILSON, White Cross League.
18. Dr. W. A. BOND, M.A., M.D., B.C., D.P.H. Cantab., M.R.C.P., Medical Officer of Health, Holborn.
19. GEORGE W. JOHNSON, Esq., C.M.G.
20. Lady BARRETT, C.B.E., M.D.
21. Dr. F. J. H. COUTTS, M.D., D.P.H.
22. Colonel L. W. HARRISON, D.S.O., M.B.
23. A. B. MACLACHLAN, Esq.

} Representing the
Ministry of Health.

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REPORT ON THE PREVENTION OF VENEREAL DISEASE

PART I

INTRODUCTION

THE Terms of Reference to the Committee on the Prevention of Venereal Disease were as follows:—

“To consider the following questions:—

1. Whether sexual continence before marriage is consistent with normal health.

2. Whether self-disinfection as a method of preventing the development of venereal disease in persons who have exposed themselves to the risk of infection is more efficient or less efficient than medical treatment at Venereal Clinics and Early Treatment Centres.

3. The possible advantages and disadvantages of various suggested methods of self-disinfection: (*a*) before, (*b*) after sexual intercourse.

4. Whether methods of self-disinfection involve any serious disadvantages of a moral kind, that is to say, whether they are calculated to weaken moral control, and thereby to lead to an increase in promiscuous sexual intercourse; and, if so, to what extent these disadvantages should render the use and advocacy of self-disinfection undesirable when considered from the point of view of ultimate national welfare.

The Ministry of Health has undertaken to assist the inquiry by all the evidence and information at its disposal.”

In prosecuting the above inquiry the Committee and Sub-Committee have held twenty meetings and examined twenty-three witnesses. The evidence is published in full in Part II, and the Committee desire to direct attention to it. The report which follows is divided into two sections:—

Section I. Medical Aspects.

Section II. Moral Aspects.

REPORT OF THE COMMITTEE

SECTION I

MEDICAL ASPECTS

INTRODUCTORY—THE URGENCY OF THE PROBLEM

THE Royal Commission on Venereal Diseases startled the public by the information it elicited as to the nature and widespread character of these diseases in this country, and the many serious consequences for the health of the nation resulting therefrom. Perilous as was the situation then, it has been greatly aggravated as one of the results of the War. Those who have made themselves acquainted with the grave facts realise that the nation is, in these diseases, confronted with a terrible menace to its welfare. As an increasing multitude of innocent persons are involved in the suffering consequent on infection, the urgency of the problem must be recognised. There has been a common inclination to regard gonorrhœa as a less serious disease than syphilis, but it carries with it no less disastrous consequences. The members of the Committee have been deeply impressed by the evidence which has been submitted to them, and they desire by their Report to secure a public solicitude in regard to the matter, keen as their own, which will result in such action, in the directions which are indicated, as will diminish, if it cannot altogether remove, these diseases.

There are two recognised methods of arresting the spread of infectious diseases : (a) To prevent the conditions under which contagion occurs; and (b) to destroy by disinfection the infective organisms before they have penetrated the tissues of the body.

The first of these methods, (a), where it is practicable, is more certain in its effects and more successful in its results

than the second, (b). It has been the means relied upon in the most brilliantly successful prophylaxis, *e. g.* yellow fever, Malta fever and malaria.

Of the various conditions leading to the spread of venereal diseases, promiscuous sexual intercourse is by far the most important. It is the form of sexual vice which is specially associated with and "causes" venereal disease, and were it to be abolished in any community, this would certainly eradicate venereal disease in that community in a single generation. We are not agreed as to the possibility of so changing the habits of the people as to stop all promiscuous intercourse, but we are fully agreed that such a change, if possible, would be the most certain and reliable means of preventing venereal disease, and we are of opinion that no effort should be spared to attain this end.

Accordingly, the Moral Aspects of the subject, although dealt with in the second section, are as important as the Medical Aspects with which this first section deals.

THE NEED OF PREVENTING VENEREAL DISEASE

While the Committee fully realise that chastity is the best safeguard against the spread of venereal disease, they are also compelled to recognise that a large number of persons, male and female, do not respond to moral appeals, but indulge more or less frequently in promiscuous sexual intercourse and thereby incur the risk of contracting disease.

In regard to this group of citizens, and of such young persons as may join this group, the Committee believe, on grounds both of individual and national welfare, that it is of the utmost importance to prevent, as far as possible, by all legitimate means, the development of disease in all who expose themselves to the risk of infection.

To accomplish this, steps must be taken either to prevent intimate contact between healthy and diseased surfaces, or to destroy or prevent the growth of disease germs before they can invade the tissues.

This means that some method of disinfection must be carried out as soon as possible after sexual intercourse, either by the individual concerned, or by, or under the supervision of, a medical practitioner or trained assistant.

The results obtained in preventing the development of disease will depend largely on :—

- (a) The interval of time which elapses between exposure to risk and the application of the disinfectant substances, and
- (b) The care and thoroughness with which the disinfecting process is carried out.

THE METHODS OF PREVENTION

Speaking generally, the methods of disinfection for the prevention of the development of venereal disease in persons who have exposed themselves to the risk of infection may be considered under two headings :—

1. The local application by the individual of disinfectants, with or without previous ablution ;
2. The application of the disinfectant substances by, or under the supervision of, a medical practitioner, or by trained assistants acting under medical control.

In regard to :—

1. The Committee consider that “ self-disinfection ” by the thorough application of disinfectants immediately, or within a short time after sexual intercourse, has the great advantage that it tends to shorten the time between exposure to risk and disinfection. Inasmuch, however, as the efficacy of self-disinfection in preventing disease depends largely on the care and thoroughness with which the application of the disinfectants has been carried out, it is liable to failure in the hands of ignorant, or unskilful, or careless individuals, in those who are under the influence of alcohol or strong excitement, or where intercourse is repeated within a short time, unless self-disinfection is thoroughly carried out after each act.

2. The method of disinfection by, or under the supervision of, a medical practitioner or trained assistant is likely to be more efficiently carried out, and to that extent, if promptly resorted to after intercourse, will be more effective in preventing disease.

THE USE OF THE FACILITIES FOR DISINFECTION

The question whether, and to what extent, individuals who have exposed themselves to the risk of infection will, in practice, make a prompt use of the facilities for disinfection provided at Ablution and Early Treatment Centres is one of considerable importance.

In the opinion of a number of witnesses (see the evidence of Dr. E. B. Turner (pp. 105-118) Dr. Sequeira (pp. 144-155), Sir Archdall Reid (pp. 129-144), and others) such centres will fail to prevent the development of venereal diseases, partly because, from the nature of the case, they can only be easily accessible to a small portion of the population, partly on account of the publicity attendant on any resort to such centres, and partly because valuable time will be lost before use is made of the facilities provided.

Some witnesses, Sir Archdall Reid (Evidence, p. 136), Dr. Sequeira (Evidence, p. 154) and others, were confident that, in the case of soldiers at any rate, self-disinfection with careful instruction can be relied upon to prevent disease in the great majority of cases. Colonel Harrison and Dr. Coutts, of the Ministry of Health, were strongly of the opinion that self-disinfection could not, or would not, be efficiently carried out by civilians unless they were personally instructed by medical authority, and that the issue of instructions by posters and leaflets would be wholly insufficient for the purpose. They further maintained that self-disinfection would, in an appreciable number of cases, delay effective treatment, owing to patients using the materials for self-treatment, and on that account also it would be unwise to recommend it to the general public.

Colonel Harrison (p. 206) stated that in the Army as a whole during the War the introduction of self-disinfection was not attended by any noticeable reduction in venereal disease, but, at the same time, where instruction in this method was personally given, and followed up by capable and energetic Medical Officers, some reduction was effected. Dr. E. B. Turner (p. 106), Dr. Morna Rawlins (p. 47), Dr. John Robertson (p. 13), Lady Barrett (p. 46), Mr. Charles Gibbs (p. 3), think that self-disinfection cannot be regarded as a reliable method, and that it will fail in a considerable proportion of cases in the civil population.

The Committee agree that the difficulties in instruction and supervision and control will certainly be greater in the case of the civil population than in the Army.

Having regard, however, to the seriousness of the present position, and to the strong probability that self-disinfection, where efficiently carried out, would lead to the prevention of disease in a certain number of cases in which, in the absence of prompt disinfection, such disease would develop, the Committee consider that no difficulty should be placed in the way of either:—

1. The spread of knowledge by such means as will be indicated later as to the use and value of disinfectants, or
2. The obtaining by individuals of such disinfectants from chemists or other sources which may yet be recommended.

In regard to this matter of the use of disinfectants, the Committee think that more attention should be paid to personal cleanliness in regard to sexual intercourse. Instruction in sex hygiene should include information as to the part played by dirt and disease organisms of all kinds in causing infection of the genital passages, especially in women; and all children, as well as adults, should be taught to observe strict personal cleanliness (see Dr. Niven, Evidence, p. 60).

DISINFECTING CENTRES

Up to the present the Ablution or Disinfecting Centres provided by, or with the sanction of, the Local Health Authorities in Manchester, Portsmouth and in some other places have not been established long enough to enable accurate conclusions to be drawn as to their value in preventing the development of disease in persons who have exposed themselves to the risk of infection. The Committee think they should be regarded as an experiment, and continued for a time, and that then an attempt should be made to ascertain: (1) to what extent instruction has been given in methods of self-disinfection; (2) how far knowledge gained of (*a*) self-disinfection; (*b*) disinfection under medical supervision has been successful in preventing venereal disease, and

whether there are any reasons for thinking that such instruction in prophylaxis has led directly or indirectly to any increase in promiscuous sex-intercourse in that area.

INSTRUCTION BY HEALTH AUTHORITIES

In regard to all instruction which is, or may be, given with the sanction of Local Health Authorities, at such centres or in other places, personally, or by posters, or by printed leaflets, the Committee consider that it is very desirable:—

1. That along with instruction in the value and the method of disinfection, the greatest importance should be laid on chastity, not only as the right way of life, but also as the only certain means of preventing venereal disease.

2. That *due*, but not *undue* efficacy should be claimed for self-disinfection as a method of preventing venereal disease. The inquirer should be told to regard this as a method of first aid in preventing a possible danger, to be followed by prompt resort to medical advice.

3. The inquirer should also be definitely warned against the use of such disinfectant substances for the treatment of the developed disease; that is to say, the serious risk of delay and the danger attendant on *self-treatment* should be fully explained to him.

If future experience should show that the ordinary male citizen is both willing and able, after careful preliminary teaching, to carry out self-disinfection with promptness and reasonable efficiency, then, in the opinion of the Committee, it would not be necessary or desirable for local authorities to provide facilities at Special Ablution Centres which the individual citizen ought to obtain for himself, seeing that the risk of infection has been incurred as the result of his own misconduct.

THE DISINFECTANT SUBSTANCES USED

The substances recommended by those witnesses who have advised self-disinfection have been: a solution of one in two thousand of permanganate of potash, or Condy's fluid diluted to the colour of claret, to be applied to the male organ and orifice of the urethra, and calomel ointment, thirty-three per cent., to be rubbed into the same parts.

It may be that further experience will recommend the use of other substances, but, in any case, the greatest importance must be laid on the promptness with which they are applied, and on the thoroughness and care with which the substances are used.

THE EFFECTS OF SELF-DISINFECTION IN WOMEN

It will be seen that the Committee have so far considered the use of disinfectants in the case of men only.

Evidence presented to the Committee by Dr. Morna Rawlins, Lady Barrett and other witnesses supports the conclusion that efficient self-disinfection is very difficult, if not impossible, in the case of women, and that in women disinfection under medical supervision cannot be regarded as wholly reliable in preventing the development of disease.

It should, however, be remembered that, from the point of view of controlling the spread of venereal disease in the community, the efficient disinfection of the male population would, if carried out on all occasions, undoubtedly lead to a great reduction of venereal disease as a whole.

THE AVAILABILITY OF DISINFECTANT SUBSTANCES TO INDIVIDUALS AND THE PUBLIC GENERALLY

According to reliable evidence, syphilis and gonorrhœa have increased since 1914.

It is evident that to provide Early Treatment Centres for the whole population would be quite impossible. There are one hundred and eighty-five Treatment Centres for venereal disease, which last year cost a very large sum. There are only five prospective Early Disinfection (Ablution) Centres in those hundred and eighty-five areas, and, as far as is known, only one (Manchester) is in operation; although in areas where curative Treatment Centres are necessary, disinfection measures are equally, if not more, necessary to prevent the spread of infection to innocent women and children. A number of boroughs and the London County Council have rejected these Early Disinfectant Centres as impracticable and costly. Any further burden on the ratepayers is not likely to be tolerated when most thinking people consider that the onus of keeping free from infection should fall on the individual who exposes himself to risk by promiscuous intercourse.

Having regard to these facts, and without now expressing any definite opinion on the efficacy of self-disinfection when applied to the civil population, the Committee have considered a number of important questions relating to the sale by chemists of disinfectants, and the conditions under which these substances, together with instructions as to their use, might be provided by, or with the sanction, or under the control of, public authorities:—

1. The Committee are of opinion that any administrative or legal difficulties that may at present prevent individuals who desire to do so from purchasing such disinfectants on their own initiative, as a protection against venereal disease, from chemists, should be removed, and that the section of the Act dealing with this matter should be rendered more explicit and amended if necessary.

2. They think that it is undesirable that chemists should be at liberty to advertise any disinfecting substances or to recommend any substances which have not been approved for this purpose, and they advise that, in areas in which a trial of the method of self-disinfection is being initiated and carried out by local authorities, such substances should be sold by chemists at a nominal cost for the purpose of self-disinfection, and printed instructions approved by the Ministry of Health, or the Local Health Authority, as to the right use of disinfectants for prevention, with a warning against their use for the treatment of disease, should accompany all such sales by chemists, and should be given by the Local Health Authority to persons applying for information or advice.

3. The Committee further consider that, apart from the authorised sale by chemists, as suggested above, and the provision by medical men, and at Disinfection or Early Treatment Centres, or Venereal Clinics under medical control, the public advertisement and sale by unauthorised persons of such or other disinfectants or substances for the avowed purpose of preventing or treating venereal diseases should be illegal.

4. The Committee consider that it is desirable that the individual who has exposed himself or herself to risk of infection should take the initiative in obtaining the necessary disinfectant substances. In coming to that decision the

Committee have been influenced by the consideration that both exposure to the risk of infection and the contraction of venereal disease by persons who indulge in promiscuous sex intercourse can no longer be regarded as matters of individual concern only, but must be regarded as matters affecting the interests of, and as injuries done to, the community. The onus and duty of making such amends as are possible should rest, therefore, on the individual.

5. Having regard to the disastrous effects of venereal disease on individual and national welfare, the Committee think that the time has arrived when the Ministry of Health should, through Local Health Authorities, draw public attention to the grave menace to national health and welfare which exists from this cause, and should make it a personal obligation on every individual who exposes himself or herself to the risk of infection from venereal disease to take adequate steps to become disinfected, and to obtain medical advice and treatment where necessary until cured or rendered free from infection. It would then be the recognised duty of every individual who exposes himself or herself to the risk of syphilis or gonorrhœa to obtain and apply efficiently suitable disinfectant remedies immediately after intercourse, and, in the event of the development of symptoms of disease, to seek medical advice at the earliest opportunity.

6. Whilst the Committee have recommended the continuance of the experiments at Manchester and elsewhere for a time, they are of opinion that Local Health Authorities should not be encouraged to provide expensive Ablution Centres all over the country for men who have brought disease upon themselves by their own misconduct before it has been definitely ascertained that they are unable to disinfect themselves efficiently.

INSTRUCTION IN DISINFECTION AND SEX MORALITY

From the facts known as to the probable prevalence of venereal disease in the population, and considering the probable relationship between exposure to risk and contraction of disease, it is evident that large numbers of both men and women indulge more or less frequently in promiscuous sex intercourse at the present time. The Committee have anxiously considered the probable or possible effect

of the various proposals put before them in increasing this sexual immorality, and in the proposals made have endeavoured to eliminate, as far as possible, any such moral danger.

THE PREVENTION OF VENEREAL INFECTION AS A RESULT OF MARRIAGE

Up to this point the Committee, in their "Report on the Prevention of Venereal Disease," have considered venereal infection as a result of promiscuous sexual intercourse; but such infection may take place as a result of marriage, if one of the partners has been infected *before* marriage, or should become infected *after* marriage.

In the latter case, if the infection acquired after marriage be not at once recognised and promptly dealt with, and continence maintained till infection is absent, the other partner will also become infected.

The Committee, however, wish to confine their attention to cases where the infection is present in one of the partners *before* marriage, and where the doctor in attendance upon the patient, who may be still capable of conveying infection, is informed that a marriage is contemplated.

Obviously it would then be the duty of the doctor to warn the patient that the marriage must not take place, or must, at all events, be postponed till infection is absent.

This advice can be given with authority and force by the doctor, and would usually be accepted, for if the marriage should take place, not only would the innocent partner become infected and suffer, but the offspring also.

If the infection be that of syphilis, the children (unless treated through the mother during her pregnancy) might be prematurely born as abortions or stillbirths, or might be born alive but infected, or show signs of congenital syphilis a few days or weeks after birth, or even some years afterwards.

In the case of gonorrhœa, the man or woman may not know that infection is present, or may believe that it has been cured. Owing, however, to the presence of germs, the healthy partner may sooner or later become infected. Serious complications may then develop, especially in the wife, who may become a chronic invalid, or even lose her life. If sterility does not ensue, the children may be infected at birth (ophthalmia neonatorum), and may become blind.

Much valuable time may be lost in these cases before the syphilitic or gonorrhoeal infection is recognised, and disastrous consequences may result.

Probably the patient will follow the doctor's advice, but, if not, "a question of much difficulty arises"¹ :—

The infected patient, or perhaps both the partners, whilst knowing the risks of marriage, are determined to proceed with it, believing that their knowledge of self-disinfection and contraceptives will enable them to escape infection, whilst avoiding at the same time conception—a childless, if not an infected marriage.

More usually, however, the presence of infection would only be known by the infected person and the doctor, who is unable to warn the intending partner or the parents without breach of professional confidence, and without rendering himself liable for an action at law for libel or slander. This was made quite plain by the Royal Commission on Venereal Diseases in their final Report in 1916.²

The Report of the Royal Commission further stated that "As the law now stands, the fact that the communication or warning has been made in good faith, with the sole object of saving the intending wife or husband from the dangers which might arise from the proposed union, would not afford the medical practitioner even the qualified protection which is in some circumstances conferred on a defendant by the doctrine of privileged communication."

The Royal Commission considered "that a change in the law is much needed, and that such communication made *bonâ fide* should be made a privileged communication." Any such change in the law, if it should take place, would not relieve the doctor of his responsibilities, or prevent him having to defend himself against an action at law, nor would it enable

¹ *Royal Commission on Venereal Diseases*. Final Report, pp. 56–57, pars. 202–205.

² *Ibid.*, par. 204: "To assert to a third person that any one is suffering from venereal disease is, if in writing a libel, if by word of mouth a slander."¹ "In a civil action, proof of the truth of the defamatory words affords a complete defence, and in criminal proceedings if the jury found that the defamatory words were true in substance and in fact, and that it was for the public benefit that the matters charged should be published, the defendant would be entitled, under Lord Campbell's Act, to judgment in his favour."

The Royal Commission, however, added: "Any award of costs would usually be a very inadequate compensation for the loss of time, and for the trouble caused, even by a successful defence."

a third person, such, for instance, as a minister of religion, who might know both the partners of the proposed union and be aware of one having been infected, to warn the other without legal risk, and would not necessarily prevent such a marriage.

Something more than such a change in the law is therefore obviously essential. The Committee have discussed the question of how to prevent venereal infection as a result of marriage, and have come to the conclusion that it cannot recommend legislation which would make it obligatory for all persons contemplating marriage to produce health certificates.

The knowledge of the gravity of the results of an infected marriage should be made generally known. Such knowledge should especially be conveyed whenever any medical practitioner, minister of religion or friend becomes aware of circumstances tending to indicate that one of the proposed partners in a marriage may have been infected. In such a case the advice tendered should be that the individual should verify his good health by consulting a doctor, without making any definite suggestion that venereal disease may be present.

As part of their general knowledge of hygiene, parents also should be made acquainted with the possible risks of matrimony, so that when the marriage of a child is being contemplated, they should take an intelligent interest in the life and health of their prospective son-in-law or daughter-in-law, and make such inquiries as may be deemed advisable.

SECTION II

MORAL ASPECTS

As venereal diseases, unlike other contagious diseases, are generally contracted in promiscuous sexual intercourse, the Committee are of opinion that they cannot be regarded and dealt with without reference to moral considerations.

I. THE RELATION OF THE MORAL TO THE MEDICAL ASPECTS

1. The medical man, in dealing with these diseases or in proposing means for their prevention, cannot divest himself of his responsibility as a moral agent dealing with patients who are also moral agents; so also the community, acting through its local Health Authorities, cannot disregard its obligation to maintain the moral standards and to influence for good the moral habits of the people. Accordingly, the means used to prevent the spread of venereal disease should not be such as to weaken any deterrent from such intercourse, or even appear to condone its immorality. To this consideration we must return.

2. Some witnesses, in their zeal for the method of self-disinfection, cast discredit on the practical value of such moral effort. That sexual immorality is prevalent in spite of the moral teaching, must not be regarded as proof that it is not lessened by the moral considerations. Rather is it the result of the smallness of the efforts that have been made hitherto to enforce the moral appeal. Parents, teachers, religious leaders, doctors, legislators have all failed in this duty. It is quite certain that no community which maintained any moral self-respect would, or could, accept any method which disregarded moral considerations.

3. There can be no doubt that the moral appeal, by its very nature, must be the more enduring. These two methods cannot be properly contrasted: the one works in the realm of personal character and permanently saves the individual, both morally from wrongdoing, and physically from disease;

the other is a temporary expedient, and does not prevent the repetition of the vicious act, but possibly may even induce it. It is a total misconception of the scope and effect of moral teaching to maintain that, as it has to some extent failed, disinfectants should be used. This puts the use and efficacy of disinfectants in a false light. They cannot be used as an alternative to moral teaching. And because they have been, most unfortunately, so regarded, it is the more necessary to make paramount the moral appeal.

II. THE MORAL APPEAL

What should the moral appeal be?

1. All the witnesses agree that, with few exceptions, chastity is consistent with good health and effective work.

2. Some witnesses claimed that there are temperamental differences in men and women in respect of the stress of the natural desires and the strain of the self-control needed, and the importance of education, physical exercise and other interests as aids to self-control was emphasised.

3. Accordingly, the Committee are of opinion that in any propaganda to prevent the spread of venereal disease the following conditions should be fulfilled: (a) the first place should be given to the appeal for chastity as itself a moral obligation, as consistent with good health, and as the most certain safeguard against venereal disease; (b) the second place should be given to the demand that any man or woman who, despite such advice and warning, has through promiscuous intercourse either contracted such disease or been exposed to the risk of infection, should at once, as a personal moral obligation, seek competent medical advice to prevent its development and extension; (c) in the third place, the facts regarding the serious danger of communication to innocent persons which the disease involves, should be used to reinforce this moral obligation on the grounds of family affection, patriotism and humanity; (d) in the fourth place, as regards self-disinfection, it should be insisted that, if carelessly or incompetently carried out, it will afford no protection, and may even increase disease by encouraging a false sense of security, and that it cannot, therefore, be regarded as an adequate fulfilment of the moral obligation not to contract or spread disease.

III. THE MORAL DIFFICULTY

The Committee have also considered the question as to how far, if at all, the spread of knowledge concerning self-disinfection and other methods of preventing venereal diseases, together with increased facilities for obtaining the disinfectant substances, would tend (by removing the fear of disease) to lead to an increase in promiscuous intercourse.

1. Such evidence as has been presented to the Committee on this point is conflicting in character, and, in the case of most witnesses, has been largely a matter of opinion. It was urged by several witnesses that such knowledge might give such a sense of security as would remove the deterrent of fear, and thus increase promiscuous indulgence and prostitution. Other witnesses insisted that fear was only a partial deterrent, and that no general increase of immorality would result from its removal. (*a*) The risk of encouraging irregular intercourse might be, at least in part, met by insisting on the fact that no absolute security can be given by self-disinfection. (*b*) The Committee cannot assent to the argument used by one witness that the man who is restrained only by fear is immoral in intention, if not in act, and thus is equally guilty. This is to ignore the fact that fear has been one of the conditions of man's moral development as a restraint from evil until a higher constraint to good was developed, and that this particular immoral act involves an injury to another person, as the intention alone does not. Further moral reflection does not justify such a moral equating of intention and action. The repetition of the act forms the habit, and indulgence increases the strength of appetite and enfeebles the will, which the intention, restrained from action by the will, does not.

2. The communication of knowledge about disinfection might give the impression that the prevention of disease was regarded as more urgent and important than the avoidance of wrong-doing. This would be a moral disaster, and must by every possible means be avoided. But to prevent disease is itself a moral obligation; and what would need to be insisted on would be also a moral consideration, viz. that he who neglects to use such means as are known to him to prevent the spread of disease is acting not

only imprudently as regards his own physical safety, but is adding to the moral guilt he has already incurred by his immoral act in ignoring his obligation to others, to whom he may communicate the disease.

3. The communication of any such knowledge, to avoid the evils which might result from it, would need to be accompanied by a more extensive and intensive moral propaganda. Not the danger of disease alone, and the means to avoid it, should be made prominent, but also the anti-social nature of sexual immorality, with its disastrous effects on industrial efficiency, its degrading influence on personal character, its endangering of the happiness and pureness of the home, and its injury to husband, wife or child. The chivalry of young manhood should be appealed to, by emphasising the insult to womanhood involved in using any woman, even with her consent, as a means of satisfying lust; and the lowering of self-respect involved in having immoral relations with another should be urged as a restraint. Prostitution should not be considered as a natural necessity, but condemned as a social calamity. An equal standard of chivalry for the two sexes should be strongly asserted. Most potent and permanent are the instruction and influence received in youth. If parents and teachers would influence and instruct the young under their care first of all as to the natural facts of sex and parenthood, then the moral obligations imposed by these facts, and lastly, and only when they are going out into the world to be exposed to its temptations, of the disastrous consequence of ill-doing, many a young life would be saved from moral shipwreck. Precise instruction about venereal disease ought not to be given indiscriminately until there is a real necessity for it. The teaching of the home and the school should be reinforced by a higher moral standard and a purer moral atmosphere in society generally; and to bring this about should be regarded as an urgent obligation by all persons holding any position of influence and responsibility, such as doctors and ministers of religion.

4. To any teaching on this subject it is sometimes objected that its presentation at all is itself a temptation, owing to the suggestibility of the human mind. (a) That objection itself suggests a caution. The subject may be presented so as to suggest evil; but no less can it be presented

to suggest good, and good only. It is a difficult and delicate, and yet not impossible task. (*b*) What, however, is ignored in this objection is that young people are not, and cannot be, kept in ignorance: it is better that knowledge should first come to them from pure and not tainted sources. The silence of the past is responsible for much of the evil of the present.

5. The Local Health Authorities, when issuing any pamphlets or posters on the subject, should consult the representatives of the moral interests of the community.¹ Publications that deal only with venereal disease and its prevention, and ignore all moral considerations, are a moral injury done to a community, and will be condemned by all who have its interests at heart.

6. The indiscriminate provision to men of disinfectants by any public authority is to be condemned, as: (*a*) it might suggest sexual indulgence to some persons who would not otherwise have thought of it, or who would have been held back by a fear which the possession of such a disinfectant might remove; (*b*) any person who thus thrusts the disinfectants on the attention of another incurs moral responsibility for the consequence of his action; and (*c*) a community lowers its moral standard by the assumption that men will not keep themselves chaste. The moral responsibility for providing himself with a disinfectant must rest on the person who has committed, or proposes to commit, the immoral act; and no kind of excuse must be offered to his conscience by the assumption made by others that he cannot, or will not, keep chaste.

IV. PROPOSAL REGARDING THE KNOWLEDGE AND MEANS OF DISINFECTION

The recommendations of the previous medical section may be justified on the following grounds:—

1. It is a moral obligation to prevent the spread, as well as to effect the cure, of disease.

2. These diseases are incurred by many young persons in a moment of weakened control, as, *e. g.*, under the influence of alcohol, to their own subsequent regret and shame.

3. Innocent persons may be involved in the appalling consequences—individual and racial—of venereal disease.

¹ See Evidence, p. 25–26.

4. While it must be frankly admitted that there is a moral risk involved of encouraging immorality by appearing to assure immunity from consequent disease, it does not seem morally impossible so to deal with the whole matter as to secure even a moral gain if the conditions already stated are maintained.

V. WIDER CONSIDERATIONS

In examining the subject, even within the limited range of the terms of reference, the Committee were brought face to face with considerations which cannot be ignored :—

1. The severity of the moral struggle for many persons must be recognised. It is not with an artificial desire that we are concerned, but with a natural appetite, the strength of which varies in different persons, but in some is so strong that compassion must be blended with condemnation; and therefore there should be a willingness to consider if, without the sacrifice of moral interests, these persons can be protected, for the sake of others as well as themselves, against the physical consequences of their yielding to temptation.

2. There is a great disharmony between physiological impulses and social conditions. Men and women are being prevented from marriage and parenthood by the present economic state. They are being denied what would be the healthiest and happiest life. Such reforms as would make earlier marriage and normal parenthood possible would be a very effective means of lessening immorality. In so far as the community disregards or opposes such reforms, does it incur moral responsibility for the continuance and extent of these racial evils, which, under the present social and industrial conditions, seem likely to increase.

3. Parents and teachers are not without blame in having neglected to forewarn, and so forearm, the young people for the moral conflict, in which so many fail. To acquiesce in present moral conditions, and to seek to prevent their physical consequences alone, would make that blame greater. There is moral risk in dealing with the physical consequences, unless it is met by the treatment suggested of the moral antecedents. The Committee recognise that its constructive proposals in respect of moral instruction and influence can alone justify the proposal made regarding the prevention of venereal

disease. The Committee accordingly recommend that, in view of the serious situation, parents, teachers, ministers of religion, social reformers and medical practitioners, legislators and administrators, should combine in a national effort to assert the moral obligation of chastity, the sanctity of marriage and parenthood, the equality of the moral standard for the two sexes, the disastrous moral, social and physical consequences of any lowering of standards in regard to sex relations.

H. R. BIRMINGHAM.
ALFRED E. GARVIE.
W. ARBUTHNOT LANE.
ALFRED PEARCE GOULD.
FREDERICK W. MOTT.
HUMPHRY ROLLESTON.
GERMAN WOODHEAD.
C. J. BOND.
CHARLES GIBBS.
T. EUSTACE HILL.
ERIC PRITCHARD.
AMAND ROUTH.
ALFRED T. SCHOFIELD.
AGNES DUNNETT.
MARY SCHARLIEB.
HERMANN GOLLANCZ.
W. F. BROWN.
F. B. MEYER.

JAMES MARCHANT,
Secretary.

60 Gower Street, W.C.
3 February, 1921.

NOTES OF RESERVATION

I

WHILE recognising the difficulties which attend the compulsory production of health certificates before marriage, we also believe that the encouragement and safeguarding of healthy parentage, not only as regards immunity from venereal disease, but also in its wider eugenic aspect, is of vital importance to the nation.

In our opinion legislation dealing with this problem *will be necessary in the near future*, and we think that steps should be taken to prepare public opinion for a wise advance along such lines.

C. J. BOND.
 HUMPHRY ROLLESTON.
 FREDERICK W. MOTT.
 CHARLES GIBBS.
 AMAND ROUTH.
 ALFRED PEARCE GOULD.
 W. ARBUTHNOT LANE.
 GERMAN WOODHEAD.
 MARY SCHARLIEB.
 AGNES DUNNETT.
 ALFRED T. SCHOFIELD.

II

1. While agreeing with many of the conclusions in the Report, more especially those relating to the moral question, I feel that the most important, and certainly the most controversial point, is as to whether self-disinfection is likely to be effective in preventing, or reducing the prevalence of venereal diseases among the civil population.

I do not object to the continuance of the experiments which are being tried in Manchester and Portsmouth in recommending self-disinfection for those who, in spite of all warnings, indulge in promiscuous sexual intercourse, but the experiments should be carefully supervised by the Ministry of Health, and carefully compiled statistics obtained, as far as possible, though I am not satisfied that such statistics will supply definite information which will permit of a decision as to the efficacy or otherwise of self-disinfection.

At present I hold a very strong opinion that the public advocacy of self-disinfection for the civil population will not reduce the prevalence of venereal diseases, but, on the other hand, will

materially increase sexual irregularities, and inevitably lead to the further moral deterioration of the nation.

2. I am strongly opposed to chemists being recognised, under any circumstances, as agents in the sale of chemical or other appliances for the prevention and treatment of venereal diseases. If such appliances are to be supplied, with directions as to their use, as in those towns where experiments in self-disinfection are at present being made, this should be done by the Public Health Department of the Sanitary Authority, either at the Venereal Diseases Disinfecting Stations or the Treatment Centres.

I am convinced that if chemists, even in co-operation with the Sanitary Authority, are permitted to knowingly sell drugs, etc., for self-disinfection purposes, quack or non-medical treatment will seriously increase in prevalence. Moreover, it would be necessary to repeal or materially weaken the Venereal Diseases Act, 1917, which would be most undesirable.

T. EUSTACE HILL.

III

We are of opinion that the avoidance of promiscuous intercourse is the only *certain and harmless* way of preventing the spread of venereal diseases.

Although we have no doubt that prompt and thorough disinfection of the male genitals is an effective means of preventing infection of the male participant in promiscuous intercourse, we cannot recommend self-disinfection as an adequate method of preventing the spread of venereal diseases. The evidence given to this Committee shows that where, under Military or Naval control, success has followed the practice of self-disinfection, it has largely depended upon the personal individual instruction by the Medical Officers. We do not believe it to be possible to obtain similar personal individual instruction for the civilian community, and it is unscientific to suppose that success obtained in a few areas, under special conditions, in the Navy or in Military Camps, will be obtained under the widely divergent conditions of the civilian population.

Self-disinfection cannot be carried out in all men (*e. g.* in cases of tight Phimosi), it is an impossible safeguard for virgin women, and is impracticable for most other women. It appears to us to be an inappropriate safeguard against infection by the intercourse of husband and wife.

For these reasons we believe that self-disinfection would fail to arrest the spread of venereal diseases in the civil population. But, furthermore, we cannot approve of the advocacy of, and instruction in, self-disinfection to all males after puberty. To succeed in its object this instruction must be given to boys on arriving at puberty and before they have committed fornication, as well as to men of riper years and experienced in vice. We are

certain that this will encourage and increase promiscuous intercourse with all its attendant evils. Such teaching will ultimately give official sanction to the view that there is a different standard of morality for men and women.

While not opposed to the experimental investigation of this question, we are of opinion that, in view of the importance of the subject, and of the possible dangers attending the experiments, these should not only be safeguarded as recommended in this Report, but they should be devised and carried out with such precision and care as to ensure, so far as is possible, their affording reliable data for future action.

ALFRED PEARCE GOULD.

MARY SCHARLIEB.

AMAND ROUTH.

GERMAN WOODHEAD.

I cannot agree with the statement in the above "Note of Reservation" beginning with the word "although" and ending with "intercourse." I give my general assent to the other statements.

CHARLES GIBBS.

IV

In signing this Report as a whole, I give my assent with reserve to the definite proposals regarding the sale of disinfectants by chemists with instructions for the use of them, on two grounds: (1) I am not convinced that the danger of increasing disease by unskilful application of these disinfectants can be so avoided in the civil population as to secure any real advantage to the health of the community; and (2) I cannot persuade myself that immorality might not be encouraged by the removal from many minds of the deterrent of fear of disease.

A. E. GARVIE.

PART II

MINUTES OF EVIDENCE

FIRST DAY

Friday, October 8, 1920

The BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT OF MR. CHARLES GIBBS, F.R.C.S.
Surgeon of Lock Hospitals

1.* **Yes, absolutely.**

2. Self-disinfection thoroughly carried out is better than medical treatment later: but self-disinfection of the ordinary type may be distinctly harmful (physically).

3. Disinfectants of a mild type are the only ones which should be used. Substances of a thick oily nature, such as (medicated) vaseline, which prevents contact to a certain extent, are much more useful than disinfectants. Treatment before is more useful than treatment after.

4. Self-disinfection diminishes the fear of contraction of venereal disease. It therefore increases promiscuous intercourse.

If the public be thoroughly educated in the prevention of venereal disease the amount of promiscuous intercourse will be increased enormously—especially as the public is now well versed in the methods of preventing pregnancy.

EVIDENCE OF DR. CHARLES GIBBS, F.R.C.S.

1. THE PRESIDENT. We are starting our inquiry with an expert witness, one who has given almost his life to the subject of venereal disease. Dr. Gibbs, would you mind telling us what your work has been in connection with venereal disease?—For the last twenty-five years I have been surgeon to the London Lock Hospitals (male and female), and I also control the Venereal Department at Charing Cross Hospital, and during the War I was in charge of the Venereal Department of No. 4 General Hospital. I do not know much about military venereal disease, but I have had a large experience of venereal disease both in private practice and in hospital.

2. You contend that sexual continence is absolutely consistent with normal health?—Yes, certainly; it requires no discussion.

3. Would you go so far as to say that it might even be that

* The numbers refer to the Terms of Reference.

normal health is all the better for this continence?—I should not say that.

4. It would have no particular effect one way or the other so long as it was not abnormally excessive?—Women, of course, are, we might say, abstainers. I think any man may live his ordinary life and do one hundred per cent. work, and one hundred per cent. goodness of work, if he has no sexual intercourse at all.

5. You would not say it was better for the continence or worse?—I do not think so. I do not think it makes any difference to his work or health, because we know the testes are continually secreting, and whether they are secreting a little more and ejecting, I do not think it makes much difference to the man.

6. You say self-disinfection is better than medical treatment. Do you mean before?—Before better than after.

7. There is a difference of opinion in the profession?—Yes, a considerable difference of opinion.

8. Some contend that it is very much less likely that self-disinfection before is as carefully carried out as after?—Well, I think the nature of the self-disinfection is the main point. I think that if a man covers his genitals with a mild disinfectant of a thick glutinous nature, and the woman does the same, then there is less chance of infection than by treatment afterwards. I think the main point about infection in venereal disease is contact, the contact of the infective surface with a non-infective surface, and I think that lubricating substances are more useful than antiseptic alone, and obviously a combination of both would be better. It is better to prepare the parts for any surgical or possibly surgical operation.

9. What I have gathered from what doctors have said before, is that the condition of the person is such as makes it less likely for him to disinfect himself properly before?—Through passion and excitement.

10. That has been put before us?—I will take it, but I do not think that the majority of venereal disease is caught in this excessively passionate state. We find that it is the man who is chronically having promiscuous intercourse who gets the disease. It is said the younger people are more likely than the older people to contract it, but I do not think it is the case. The majority of the cases are men who have frequent attacks of gonorrhœa and venereal disease.

11. You say "disinfectants of a mild type," and, further, "of the ordinary type." What do you mean by the "ordinary type"?—In regard to gonorrhœa. Such as they are advised to use by various pamphlets and papers that one sees. I think that people who write these pamphlets have not the least idea of the ignorance of the public on the anatomy of their genitals. This packet system is twenty years old. Here is a packet which was sent to me by a German firm twenty years ago. Here is another packet five years old, and also the latest American packet. They are all practically the same sort of thing. The German packet is the best, because it gives a diagram of the organ and how to apply the contents of the packet, whereas most of the packets and papers

that one sees do not take into account that the ordinary public have not the faintest idea of the anatomy of their own genitals. One pamphlet says, "Dissolve as much permanganate of potash as will cover sixpence in a glass." What sort of glass is it? A pint measure? It makes all the difference. If they dissolve that amount in a wine-glass, they burn themselves; if in a basin, it will have no effect. These papers are none of them practical enough, whereas that (indicating the German packet) is practical. The difficulty is to teach people how to use it. One can understand that in large military areas, where you have excellent doctors who are drilling and teaching the men how to use it—one can understand that after some time one would get good results, but for the ordinary public to say, "Get up in a corner and wash the penis in permanganate of potash," is useless. The danger time is the time of intercourse. The shape of the male organ is such that the orifice of the glans penis opens in the introducing movement and closes in the withdrawing action, thus sucking infection into the urethra, and I do not think it will have any effect to apply disinfectant on the outside in many cases. The patient is told to inject. Nobody, unless he has worked in venereal disease departments, has the slightest idea of the difficulty of showing the people how to inject. I have tried to teach men how to inject to cure gonorrhœa, and I have sat in my chair and told them hundreds of times, but during the last few years I have said, "Bring your syringe to-morrow and I will give you an injection and show you how to do it." I think it is absolutely impossible to teach them on paper like this. Women, for instance, have to be taught where to put the grease. I had a woman in my consulting-room the other day, and she was injecting her back passage, and she had gonorrhœa in her back passage as a result. It is absolutely impossible to get the English public to learn these things by pamphlets. Certainly it is better that a man should wash himself with disinfectants than do nothing, and the sooner after intercourse the better, and go at once to an Early Treatment Centre. It is better for him to have both treatments, but to pin your faith to the self-disinfection packet system is of little use. Medical men are most prone to use the packet system. I have large numbers of medical men as patients who have used self-disinfection and, in spite of their own technical knowledge, have caught the disease. In regard to syphilis, self-disinfection is more useful.

12. Have you, from your own experience, gathered that self-disinfection diminishes the fear of contraction?—There is not the slightest doubt about that.

13. And the people who come to you at the Lock or elsewhere are people who are led to be more casual with regard to their conduct, on account of their belief in the cure that they themselves may use or that may be provided for them?—I believe, sir, speaking from the physical point of view only, and not from the moral aspect, that the ordinary young man is prevented from having intercourse by fear of two things, fear of pregnancy and fear of venereal

disease. The fear of pregnancy nowadays is not nearly so great as it used to be, because the general public are aware of the means of preventing pregnancy, by withdrawing and other methods, and so conversant are they with these methods that this factor becomes negligible. I believe that by educating the public on sexual matters, and the dangers and difficulties and prevention of venereal disease—because you *are* educating them: teaching the dangers of venereal disease and also the methods to cure it, sending them to centres where they get cured (or not), and where they learn the curability (and it is my firm belief that these diseases are curable)—if you teach the curability and prevention of it, you diminish the fear, and if you diminish the fear you have more promiscuous intercourse, and the number of youngsters with venereal disease *is* increasing.

14. Both sexes?—During the War particularly the morality of the women of this country deteriorated horribly.

15. Some women?—I speak of the class with which we are dealing—I mean the bare-faced manner in which young girls of sixteen and seventeen would come in to one's consulting-room and say, "My boy has given me the clap."

16. Do you say absolutely curable?—I believe absolutely curable, as any disease is curable. You cannot take a bite out of an apple and have a whole apple.

17. Would you say from your experience at the hospitals that it is in the amateur prostitute that the increase is?—Yes. There are not enough prostitutes to account for the enormous amount of venereal disease. The numbers of cases have risen quarter by quarter till now, and many are newly-infected cases. The attendances at the Lock have increased. We had 30,000 attendances before the War, we have now 100,000 attendances a year.

18. And do you view this as very grave for the moral condition of the country and the health of the country? You view this with alarm?—Yes.

19. Are these cases, many of them, persons from country districts who come to London and then get away from London?—The Treatment Centres, the Venereal Disease Centres, are extremely popular. They are a great success, and there are so many admirable institutions about the country in various towns that we thought at the Lock Hospital that we should feel it badly, because we were the largest hospital in London for venereal disease. We got patients from all the counties and Poor Law Unions of all the countries, and we thought we should be deprived of much clinical material, but that is not so. Our work is enormously increased.

20. SIR WILLIAM ARBUTHNOT LANE. You say sexual continence is consistent with normal health before marriage. Large numbers of women never marry at all. Are you going to expect them to cut out sex? Are these not to have intercourse?—That is a moral question.

21. There are such, are there not?—I think there are large numbers.

22. There are a large number of unmarried men and of unmarried women having intercourse?—Yes.

23. Do you agree that it depends on the man? One man is virile, and another like stone, and as far as women are concerned, do you agree that they are better for regular intercourse?—I do not agree with that at all; especially men.

24. THE PRESIDENT. You get a good many people at the Lock who are not married and never likely to marry. They have got to an age when the probability of marriage is less?—No, I do not think that it is so. It is the younger people.

25. SIR WILLIAM ARBUTHNOT LANE. Is it true that sexual continence is consistent with a normal healthy woman?—I say there are millions of splendid, hard-working women who have not had intercourse and are perfectly healthy.

26. With regard to disinfectants of the ordinary type, how can it be harmful?—I have seen patients come with the penis burnt with pure carbolic.

27. That is not an ordinary type, is it?—By that I mean the ordinary man, the ordinary methods, and the ordinary teaching.

28. I have not heard carbolic suggested yet?—A man has learnt that carbolic is an antiseptic and uses it.

29. SIR ALFRED PEARCE GOULD. You see in your public and private practice men and women who have not been chaste?—Yes, but at the Lock Hospital more than half the women have been infected by their husbands.

30. On what evidence do you found your opinion that sexual continence is consistent with health?—My own general observation of personal friends and people with whom one comes into contact.

31. SIR WILLIAM ARBUTHNOT LANE. But you have nothing to do with the treatment of women apart from venereal disease?—I am surgeon to Charing Cross Hospital, where I do ordinary surgical work.

32. THE PRESIDENT. Sir William's point is that there is an intense difference between individuals. Some are built coldly or have great self-control, and others have intense passion. Do you contend that those who have intense passion may be seriously affected in their health unless they have contact?—Yes, I agree it is a difference in temperament.

33. SIR ALFRED PEARCE GOULD. Have you any evidence of the natural propensity of man in this matter?—I can tell you nothing at all.

34. Have you any evidence to support the view that chastity or unchastity of man and woman depends upon their self-control?—I should say it is entirely dependent on it.

35. It is not temperament, but self-control?—Self-control and education entirely.

36. You attach importance to the fact of self-control?—Certainly.

37. What do you mean by the effect of education on chastity?—I think that people who are educated in a broad-minded manner, as I think children should be, have more self-control. I think

a child at the age of fourteen or fifteen should be taught about sexual matters. It is so easy to teach reproduction—from flowers, gradually to animals; functions of generative organs; sexual intercourse, touching lightly upon venereal disease. I have taught my own children. I am sure it is the right way, and the children would then grow up into healthy adults. They should be taught openly, and not in the secretive, mysterious sort of way in which these things are usually discussed. Especially should we get rid of the sexual snigger of the ordinary individual. With him usually there is a sexual leer about it. If people were taught in this way to fully understand all about sexual matters—I believe there would be much less promiscuous intercourse and masturbation than there is.

38. In answer to No. 4 you say that the knowledge of self-disinfection will greatly promote immorality. Tell me how education will help?—It seems a little contradictory, but we are getting larger numbers of multiple gonorrhœas.

39. What is the sanction of chastity? Is it fear of contracting disease? When you teach children botany you cannot touch upon it. It is only when you come to man that the element of venereal disease comes in. Can you explain how education from a biological point of view makes young men and women chaste?—I think if you educate your boy and girl—and the boy particularly—to understand all about sex, he will know that if he gets an erection it is a normal thing, and he will not be curious about it. Curiosity is such an extremely powerful influence in children. A child gets an erection and he is interested in it, and he does not know what it means. If he is wise he will ask about it, but he is extremely likely to look at it, and ultimately masturbates. I think we should keep sexual matters on the surface, so that we might know them as well as ordinary domestic anatomy and physiology. We know how to walk and run, etc.

40. Can you, by biological teaching, put sexual life on the same level as taking food, wearing clothes, and eliminate the compelling course of fashion?—I do not know.

41. Can we, by education, produce in the ordinary average boy and girl such a veneration for the opposite sex as will lift them from sexual intercourse on to a different plane?—Yes.

42. You say there are two fears which control sexuality, fear of pregnancy and fear of venereal disease. The first has been eliminated?—I think so, certainly.

43. Girls are familiar with that?—They are just as wise as the men.

44. Of our class?—Less in the protected classes.

45. What classes are they?—The labouring classes, the wage-earners.

REV. PRINCIPAL A. E. GARVIE. The married women talk to the girls, and there are very few millgirls in Lancashire who do not know a great deal about it.

46. SIR ALFRED PEARCE GOULD. You say they have no fear of pregnancy?—Yes. They say, when you ask them, "Are you not

afraid of becoming pregnant?" just "No." They are not old hands. They are young girls: the amateur prostitute. They are not afraid at all.

47. What is your knowledge of the fear of venereal disease?—I think it is the thing which prevents a man from having intercourse from the ordinary physical point of view.

48. There is no other influence at all?—I do not talk about moral influence. When you eliminate that, fear is the only thing which prevents.

49. Do you think that antiseptics act as potently when they are applied in a glutinous ointment as in liquid?—They are more powerful for a longer time.

50. But may not the ointment be displaced by the act of intercourse?—If it is on the genitals of the woman it is practically all over the female and the male organ.

51. Does that not mean a large use?—It is used so by the prostitutes at the present day in such bulk that there is little actual contact unless the man be extremely large.

52. Can you give us some evidence of the value of that practice?—I know that the New Zealand and Australian people did most useful work in France, and they insisted upon the woman adopting this method. The women out there, the prostitutes, saw twenty-three men in twenty-four hours. That is the method they employ, and they keep a pot of vaseline under the pillow.

53. Have you got those figures for us?—I could get them.

54. How do they compare with Sir Archdall Reid's figures? Do they reach to thousands of men?—I do not know the numbers well enough; a large number certainly.

55. And lessen the incidence of venereal disease?—Yes, I think so; it was admirably done.

56. You showed us that gonorrhœa is implanted in the urethra, that it does not spread from the surface of the glans?—If the man has a long foreskin and the discharge under it remains, the urethra is attacked secondarily.

57. Would not the disinfectant outside be as well?—I do not think so. Not in gonococcal urethritis.

58. How do you explain Sir Archdall Reid's statistics in gonorrhœa?—Did they follow up those cases to the end, or was it a moving population?

59. Large numbers of men under his care for a long time?—They were all drilled to discipline.

60. The point of his drilling was a swab of cotton-wool on the outside of the penis? And the woman not instructed at all? Did they not inject at all?—No.

61. You referred to some medical men. They have not used these precautions?—Yes, they did.

62. And in spite of medical knowledge they contracted gonorrhœa in as large proportion as other men?—I do not know about that.

63. So frequently that they form a good part of your practice?—Yes.

64. With regard to your figures of the Lock Hospital, they are attendances?—Yes.

65. Do they express the increased frequency of venereal disease?—More so, as a matter of fact.*

66. Does not the modern form of treatment call for more attendances?—Per case less frequent attendances at a hospital are actually made. The majority of the cases which attend are syphilis, and they receive six or more doses of '606, and think that they are cured because their blood is negative. They do not come to us any more until, in the course of time, there are recurrences.

67. And you think the increased incidence of venereal disease is even greater than those figures?—Yes, I can send you the number of new cases.*

68. Are you able to assert that syphilis is absolutely curable?—Syphilis in the early stages is curable. In the latter stages, as in tabes and G.P.I., it is incurable. It is curable in the primary and early secondary stage.

69. The first six weeks?—Yes.

70. Any patient coming within six weeks of infection?—The secondary stage of syphilis follows from eight to ten weeks after connection (infection). If they come within eight weeks of connection they are practically curable. I am speaking in so far as any disease is curable.

71. Does that apply to gonorrhœa equally?—Yes, but it is much more difficult to cure than syphilis, that is, true gonococcal urethritis. That is the great point with regard to the incidence of disease in statistics. They do not differentiate between "dirt germs" and gonococcal urethritis. Dirt urethritis you can keep away with soap and water and disinfectants, but gonococcal urethritis is only preventable by condomina.

72. Not by vaseline?—The more certain preventive is a condom.

73. It is a very important point. Is gonorrhœa certainly curable in women as in men?—Yes, I think so. There are very few cases which are incurable. I have seen for twenty-five years women in-patients at the Lock Hospital, batch after batch, and only one or two were incurable if they were properly and well treated. It depends upon whether they are treated in an institution; I do not think they can be treated so successfully as out-patients.

74. Is it easy to ascertain the absolute freedom of a woman from gonorrhœa cocci?—No. You may make thirty slides and the thirty-first will contain gonococci.

75. On what evidence do you assert that gonorrhœa is curable?—For twenty-five years I have treated men and women in private, and the women have married and have come to see me afterwards. Their husbands are quite well, children are quite well, and the grandchildren are quite well. I think the hospital

* On inquiring fully into the figures at the Lock Hospital, I find these answers are misleading (see Appendix).—CHARLES GIBBS.

in-patients are better treated than the private ones. The sisters are skilled and inject them twice a day, and this skilful injection, added to vaccine treatment and local measures applied to the right spot, are the reasons of cure in practically all the cases.

76. I have heard friends say that they dare not use the word cure in connection with gonorrhœa or syphilis?—I think that both diseases are insufficiently treated; the treatment is not severe enough or for a sufficiently long time. There is an ineradicable opinion in the minds of the public that a single Wassermann or a single negative gonococcus test means "cure."

77. What evidence have you of the success of the Venereal Disease Centres?—Just the popular idea. If you start a department and get increasing numbers of patients and increasing proportions of cures, the thing is a success.

78. The same kind of success as follows Beecham's Pills. There is no precise scientific evidence on which we can base our conclusions?—I have had a case of five separate gonorrhœas. The centres are run by excellent men. I know that patients have been passed clear with the usual tests.

79. "Usual tests" is a vague term, is it not?—It is absolutely possible to tell whether a man is free from gonorrhœa.

80. DR. BOND. With regard to the effect of chastity on health. Is it your opinion that the question can be differentiated as regards sex? Is the effect different on the female to the male?—I do not think it makes any difference to the health of a woman if she is having sexual connection or not.

81. In regard to its curability. Can you give us the proportion of women in your clinics that have not been cured, but have continued to remain subjects of gonorrhœa in a late form for years?—There are cases, of course. I do not think there are any cases in the in-patients. The great difficulty is to cure children and babies. Infants and small children we cannot cure at all. They get well in time.

82. In regard to fear of consequences as a deterrent, do you think this acts differently in the sexual field to any other field, such as crime? Would you distinguish the fear of consequences in producing certain lines of action? Would you distinguish the sexual from other fields of activity?—I am not sure that the ordinary public is educated up to the point of knowing that promiscuous intercourse is sin.

83. I am speaking of fear of punishments. Is there any reason to put these into different categories?—I do not know.

84. DR. BOLAM. Have you gained any experience as to whether, for instance, a man is worse in health after suffering constant involuntary emissions than he would be if he had sexual intercourse?—If a man has several nocturnal emissions he is extremely worried, he is neurasthenic or psyasthenic. The loss of albumen would make no difference.

85. Is there any physical foundation for it, or is it purely mental?—Purely mental.

86. May I put the same point in regard to masturbation as

against sexual intercourse? In the ordinary individual there is a recurring desire for sexual intercourse or relief in some form. Is it your opinion that masturbation, casual and not constant, would injure a man's health more than sexual intercourse?—Sexual intercourse does not injure it.

87. Or promiscuous?—No.

88. Is there any difference to the individual whether he has intercourse or whether he masturbates casually or has involuntary emissions, as regards health?—I do not think so.

89. THE PRESIDENT. We have been told that masturbation is really injurious?—Physically it is not.

MGR. PROV. W. F. BROWN. I have read that in books.

DR. A. T. SCHOFIELD. I remember an eminent man in his lecture saying that he was sorry he could not tell young men that it was dangerous physically; it is the moral aspect that is injurious.

DR. AMAND ROUTH. It is a question whether it is casual or not.

90. THE PRESIDENT. Masturbation becomes a habit?—It is a habit.

91. DR. BOLAM. What experience have you of the effect of disinfectants in obscuring disease?—I think it postpones the appearance of diseases, especially gonorrhœa, prolonging the apparent incubation period.

92. And in dealing with the appearance of syphilis also?—I could not say that.

93. Calomel ointment? Is there any delay in developing the symptoms?—It either kills or does nothing; it does not delay.

94. Does it moderate the appearance of the disease?—Not in syphilis.

95. You do not think it is possible to lull a patient into the danger zone?—I cannot say. I have seen secondary symptoms appearing after eight weeks from the appearance of the chancre.

96. Do you think that such a disinfectant might deceive a practitioner, and the patient may be lulled into a state in which he cannot be cured?—Certainly.

97. DR. HILL. Is it your opinion that prior self-disinfection in the case of gonorrhœa will not be a preventive?—In gonococcal urethritis.

98. Is it your opinion that swabbing with disinfectant is not likely to be a preventive?—Yes, in gonococcal urethritis.

99. Are you satisfied that the amateur prostitute, that a woman, if she receives directions, can disinfectant herself against syphilis or gonorrhœa?—I do not think that any member of the general public, women in particular, can do so.

100. THE SECRETARY. And medical men and women cannot do so?—That is so.

101. DR. HILL. Is it your opinion that the majority of urethritis in men is not gonococcal cocci?—Yes.

102. SIR ALFRED PEARCE GOULD. Have you got any figures of that?—Yes.

103. DR. HILL. There is a difference of opinion as to whether self-disinfection is effective. Do you know any means by which you can assure safety?—The ordinary condom.

104. Do you advise that?—Physically it is the best.

105. And more easily effective if there are no other objections?—Yes.

106. MGR. PROV. BROWN. Would you say it was perfectly safe to use a condom?—A good quality condom.

107. The appliance might fracture; there is that risk, is there not?—There is that risk, but the condom diminishes the amount of pleasure.

108. DR. AMAND ROUTH. I should like to know whether the notice in *The Lancet* by Dr. Ernest Fraser is a suitable statement to make?—It might be more explicit as regards the quantity of water.

109. It is put nicely, is it not?—Yes, I think so.

110. You mentioned, I think, that the age incidence of syphilis and venereal disease is now lower than it used to be?—Yes.

111. THE SECRETARY. Both sexes?—Yes.

112. DR. AGNES DUNNETT. In regard to continence in women, do you think that some mild sedative, like bromide, is advisable, rather than to have masturbation or elicit sexual intercourse?—That is a matter of general medicine.

113. Do you think it is better to use such a remedy?—I agree.

114. Is it your experience that it is a salutary lesson, and they say that they have had their lesson?—Yes, and they come back again.

115. Do you approve of vaccines?—Yes.

116. Do you think we shall improve upon them?—They have improved during the last ten or fifteen years, and they are extremely helpful now.

117. DR. MARY SCHARLIEB. Would you not say that excessive sexual intercourse was injurious?—Certainly.

118. RABBI PROF. GOLLANCZ. Would you say that disinfecting should not be encouraged at all?—Morally, they should not disinfect. Physically they should.

119. DR. SCHOFIELD. Whatever its effect on morals, you have said previous disinfection increases intercourse, therefore does not the knowledge that the disease is curable increase it?—The general public still believe that it is almost incurable.

120. THE SECRETARY. You say it is possible by treatment to get rid of this disease in its early stages. Have you any objection to a person trying to cure himself or herself *per se*? Must he always call in the doctor?—I do not think they can cure themselves of gonorrhœa or syphilis.

121. Have you any objection to washing after promiscuous intercourse—to the morality of it?—No. If a person has the disease, I think it is his duty to himself and the State that he should get himself well as soon as possible and take every precaution.

SECOND DAY

Friday, October 15, 1920

The BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT OF DR. JOHN ROBERTSON, C.M.G.,
O.B.E., M.D., B.Sc.

I AM Medical Officer of Health for the City of Birmingham, and have now been Medical Officer of Health for different large towns for periods totalling over thirty years. My only object in coming to give evidence before the Birth-rate Commission is to do so as a Public Health administrator, whose function is to administer regulations having for their object the prevention of disease.

1. In regard to the question of sexual continence, my personal experience is quite strongly and definitely that such continence is consistent with normal health. I believe that there is overwhelming evidence that this is the case. It is not the opinion of a few other people, and I have always regarded these as persons desiring to salve their consciences because they themselves have been incontinent, or as persons who pander to something which may be popular.

2. As to the second proposition in the terms of reference, if the disinfection is done at the same interval of time after exposure to infection as the treatment, then I have no hesitation in saying that treatment at a clinic or centre will be more efficient.

Again, theoretically, if efficient disinfection is done immediately after exposure to infection, I believe that it will be more effective than if some delay takes place before the person presents himself at a clinic or Early Treatment Centre.

The two alternatives mentioned are such extraordinary "variables" that it is very difficult to express an exact opinion.

Self-disinfection by a skilled medical man, if he has exposed himself to infection, would be a very different thing to the self-disinfection of a labourer, living in a common lodging-house without facilities, who had exposed himself to infection in some back street and had no opportunities there of cleansing himself.

3. I do not know that there is any evidence anywhere which would enable one to judge of the advantages of self-disinfection immediately before or immediately after sexual intercourse.

4. I have taken a good deal of interest in the question of the damage which is likely to occur to morality if the so-called self-disinfection methods are largely advocated. As I understand it at present, self-disinfection, to be effective, requires that every young person and adult should be told firstly that sex morality is the best way of protecting himself or herself from infection, and, secondly, that if he cannot resist, then he is to be instructed in the method of self-disinfection and to have easily available "packets" containing the required disinfectants.

I believe that self-disinfection, if scientifically applied, will prevent infection spreading, but I do not think as an administrator it is possible to get the uncontrolled civil population to apply the method satisfactorily in more than a very small percentage of cases.

Further, I believe that a general instruction that such disinfection is a safe thing to adopt would lead to an enormous increase in prostitution and immorality generally, and that the result of the adoption of any such general scheme would really lead to a very great increase in the prevalence of venereal disease.

To alarm the public at present many statements are being made about the enormous increase in venereal disease. We know that there was an increase during the War, but I am quite certain that the number of cases is again declining.

What is taking place is that the people are now shut off from being treated by quacks and others, and are attending clinics in larger numbers; that is to say, we are getting a more accurate idea as to the normal number of such cases, and I imagine that the normal number will show some falling off very soon, but it will be many years before it is possible to say that we have got at approximately the number of cases of venereal disease in the country. I think it is mischievous to frighten the civil population into adopting measures which are unnecessary by fallacious statistics.

A good many units adopted "packet" system during the War, and as a member of the Army Sanitary Committee I had to inquire pretty carefully into the questions of venereal disease and the methods of their control in this country and in France.

I have no hesitation in saying that in the few units in which the medical officer or other officer took a particular interest in preventing venereal disease, the issue of packets in some cases appeared to lessen the incidence. On the other hand, I know that in many units where packets were given in large numbers to the men and were thrust on them on every occasion when they were leaving camp, venereal disease was more prevalent than in any other unit, not because of the packets, but because of the men themselves.

I had many examples of this. I do not think that the records were kept sufficiently accurately by the War Office to be of use, and, unfortunately, the question became a very vexed one, and one on which very heated discussions took place between the responsible officers, so that one could not but feel that there was a certain amount of unreliability about many of the statements which were made.

The broad fact which impressed me was that in some units where the largest number of packets were distributed the incidence of the disease was greatest.

I believe it is right to say that where the packet system can be controlled, as it can be on board ship or in a small unit in an isolated district, the packets will actually prevent the incidence of venereal disease in a unit.

While this is so in the case of a controlled population, like that on ship board or a small military unit, the problem is an entirely different one when an uncontrolled population has to be dealt with, as is the case in civil life.

My own belief is that if a so-called sufficient means of avoiding infection, and perhaps also of conception, were placed before the public, an enormous increase in venereal disease would take place. I have, therefore, strenuously opposed the introduction of the packet system as a means of preventing this increase in civil life.

No sufficient control has yet been given, nor has sufficient time elapsed, to prove the inefficiency of the method that we advocated, viz., educating the people into a knowledge of the risks attending upon venereal diseases and the advisability of persons who have exposed themselves to infection going under treatment at once.

If in ten or fifteen years' time this method absolutely fails, then I think the time will have arrived to consider whether some other method should be attempted. The country does not yet know, and the organisation is not complete for giving information.

The clinics, many of which are excellent, are not sufficiently numerous and not sufficiently known.

I think, however, there is another reason why the packet system should not be advocated, viz., it is bound to increase the number of prostitutes. I do not believe that a half-intoxicated prostitute is likely to take any precautions, nor to encourage her clientèle to take any, against disease, and I do not think that anything should be done to encourage an increase in the number of prostitutes. If prostitution does not pay, I am sure the number of prostitutes will not increase.

I have seen printed instructions issued for the use of women in which injunction with mercurial ointment is advised. If such were to take place according to the instructions there would undoubtedly be mercurial poisoning in a very short time in the case of a prostitute who has to carry on her work at a small fee among the poorer classes, and, therefore, has to be more or less frequently having sexual intercourse with men.

The general introduction of a packet system would, I think, largely encourage married men to be unfaithful, and would, therefore, be a means of breaking up the family.

If it could be proved, as the advocates of the packet system state, that the system was a reliable preventive, then I feel certain many young men would not marry, and we should have the family life of the country very substantially damaged.

1. THE PRESIDENT. You think that sexual continence is both possible and wholesome to the average person?—I have no hesitation in answering in the affirmative. I believe that a very much larger number of our men and women are continent than people imagine. Given a good, healthy man, continence is perfectly compatible with good health.

2. You admit exceptional cases where it is difficult, but where medical advice could carry a person through?—There is no question whatever that sexual instinct in people varies in degree. People

with a great sexual appetite will go wrong quickly, and such men and women are better married. We think exercise is all that is needed to keep that instinct under.

3. Do you see any special advantage in pre-contact self-disinfection as compared with post-contact?—I really could not answer that, but I believe no one has got evidence that is real evidence. There is experimental evidence on animals, but I do not think anybody has got the right to say that disinfection is better five minutes before or after the act. Theoretically it ought to be a better preventive if used before contact.

4. On the other hand, the condition of the individual immediately before contact is always excited, and in some cases intoxicated, and therefore he will do the disinfection afterwards under the impulse of remorse, and he may do it better then?—I do not believe that you find many intelligent persons taking this risk. It is the careless person, the person who gets drunk and goes with the worst type of prostitute. I believe drink is largely associated with the acquiring of venereal disease; alcohol makes people lose their self-control. The man who is intoxicated goes to sleep till the morning before doing anything in the way of washing or disinfecting. If you take the ordinary agricultural labourer or the town labourer who has poor home accommodation, his intercourse takes place in the open air, in back passages and back roads. He has only a lodging-house or lodging to go to, or a wife and family to go to, where he dare not be seen doing these things. He is not going to self-disinfect. That applies to one half of the population of this country; I think it applies to probably 60 or 70 per cent. They have got no place where they can go to self-disinfect.

5. There is great carelessness with regard to the cleansing of themselves on the part of men even, when they have not acquired the disease?—Yes, that is markedly the case.

6. THE SECRETARY. There should be cleansing or washing afterwards?—Yes.

7. THE PRESIDENT. The doctors state that the cleansing of those private parts is not done by people in any circumstances?—That is the one point in which I have taken the most interest. I cannot help thinking that if the population of this country, men and women—adults—were instructed, we will say, first of all, that sexual continence was compatible with good health, and that it was wrong to have sexual promiscuity, and then, secondly, that if they cannot help themselves they have to carry with them a packet and use it—I cannot help thinking that that is tantamount to saying, “You can go and indulge with safety.” Now I do not believe that this disinfection is going to be safe. You have drunkenness and a great deal of carelessness, and consequently you are going to have a very much larger amount of immorality than you have now, and if you get more immorality you are going to have an increase of prostitution, and I cannot help thinking that that is harmful to the nation. It is a bad thing to preach the doctrine, “If you cannot refrain, take this packet and use it, and you

will be safe." From the purely scientific point of view I admit at once that it can be experimentally demonstrated that it can be done, but when you take the general population as a whole, which is careless, forgetful, and which risks all sorts of things, you are going to get an increase of venereal disease, and, of course, of immorality, and you are going to get an increase in prostitution.

8. Would you carry that so far as to say that packets of this kind should not be exposed for sale in chemists' and other places?—Very strongly. I had a little experience in the Army, and it may interest you. I have not got any figures. During the War I was a member of the Army Sanitary Committee appointed by the Secretary of State for War to advise him on matters relating to the health of the troops at home and abroad, and we were asked to keep ourselves in touch with health conditions, and we had a great many problems referred to us for solution. We had to see the conditions under which the men were housed, how they lived their lives, and, of course, the question of venereal disease was one that was ever-present. I think it will be well to say that possibly in some small units where there was a medical officer who was careful, and himself saw every one coming in and going out at night, and who in a kindly way helped men to disinfect themselves, the issue of packets may have prevented venereal disease. I know, however, of no such case. Again I have heard of many cases, on board ship, where the men were under first-class control, and where they could be examined when they returned to the ship at night, and in those cases I can conceive it possible that packets might have done some good. On the other hand, there is a great deal of evidence, with regard to such ships, where young officers were instructed in the use of packets, and when they got to a port such as Marseilles they indulged and got disease, probably through not being experienced in their use. When you come to the Army generally, I have not the slightest hesitation in saying that in the units where the largest number of packets were issued there was more venereal disease than in the other units. I do not think it was due to the packets, it was due to the men trusting them and not using them properly. I do not know that that evidence can be obtained statistically from the War Office, because there was no record kept of the number of packets issued. We know that the New Zealand, Canadian and Australian units had these packets lavished upon them, and also that they had a larger amount of venereal disease than the home troops.

9. A friend of mine who was doing duty on board ship with the troops told me that when the ship reached a certain port, after it had been out to sea for some time, there were rickshaws at once waiting to take the men to the particular part of the town which was the home of immorality. "My difficulty," he said, "has been this. We knew that these men were going straight to face disease, and the officers on board said that they would give them the packets, and my difficulty always was to know exactly what attitude to adopt." We have to take these extreme cases. Would it not be likely that some young fellow who was not going to be

immoral, but whose resisting power would be weakened because he had in his possession something which would keep him from disease?—That has been told me by officers commanding units on more than one occasion. We had a mixed opinion in the Army during the War as to the value of packets. There was an endeavour made to keep the men as healthy as possible, and free from this disease, to prevent them from carrying it home. If the packet had been a success, I think the War Office would have been justified in adopting it as an official method. I do not believe it was a successful method.

10. How far do you think it is justifiable to educate the young with regard to things which, properly applied, will more or less protect them from disease if they go wrong?—At the age of sixteen to twenty every young man and young woman ought to be taught that sexual control is an absolutely essential thing from the point of view of the welfare of the country, and that it is a perfectly natural and proper thing, and that there are dangers attached to wrong-doing, also that those dangers are things that last for a long time. I do not think you need say more than that treatment is possible. I do not think you need go further than that.

11. DR. A. T. SCHOFIELD. By general instruction, the instruction you propose under Section 4 is to those who cannot control themselves?—Yes.

12. How do you distinguish between those who can and those who cannot resist?—It is a matter for individual consideration.

13. About cure. Do you advocate the general dissemination to young people, that the disease, properly treated, is absolutely curable now—I mean syphilis—when it was not before. Perhaps you will not accept that?—I do not know that we are advanced enough to say that yet.

14. PROF. H. GOLLANCZ. Can you tell us why your views are not given to the public in great prominence? Is it expediency, or what is the reason?—Expediency, in my own case. I believe the less you say about this the better. There are a certain number of young people who are very much inclined to look into these things if you draw attention to them. The wiser point of view is to ignore it.

15. Why is there such prominence given to the other side of the question in urinals and public conveniences? Should there not be a counter-poster in all those places?—I do not think that they do as much harm as telling a man that it is safe to use a packet. The alternative would be, if you cannot resist, buy a packet or go to a penny-in-the-slot meter and get a packet and use it. I think that would be very much worse.

16. Why not put up a counter-argument, and say that continence and self-control is the proper course?—That is put up in some places.

17. Is it? I have never seen it?—I think it would be a good thing to put up some such poster.

18. DR. MARY SCHARLIEB. Is it your opinion that the

distribution of packets is likely to lead to a false confidence, that they are certainly, rather than possibly or probably, protected?—I say the large majority of packets will be used under conditions where they could not be protective.

19. Would you say that the use of the packet is likely to lead to delay, and to be regarded as curative rather than prophylactic?—If a man used a packet he would not go to an Early Treatment Centre as readily.

20. And therefore delay treatment?—I think if some symptoms arose he would go whether he used a packet or not.

21. SIR GERMAN SIMS WOODHEAD. Do you think the packets have had any effect in the Army?—In a few units they may have done a little good, but in the great majority of cases they did harm. I believe they did more harm than good.

22. Then you agree with my impression?—Generally that is so. I did not have the individual experience you had; I got it more from the mass, and wherever we found packets had been used in large numbers and had been widely distributed, in a great majority of those instances there was more venereal disease than in the units where they were not used.

23. DR. HILL. In your précis you state you are quite certain that the number of cases of venereal disease in the country is declining. Is that your experience in Birmingham or from general knowledge?—Both.

24. You know as a matter of fact?—V. D. Clinics are becoming more numerous, and cases increasing, but that is merely because you are putting the means of treatment into operation, and people suffering from venereal disease come along, but you have not stabilised the natural number infected in the population.

25. Have you no idea of the percentage increase, say from immediately post-war?—No, all I can say is that in Birmingham we have an extraordinarily small amount. I have had information from all medical men in Birmingham, large numbers of whom knew what practice was in London or Bristol or the Port towns, and they tell me that the number of cases they see in Birmingham is limited indeed. We also have a great many tubercular cases. We have something like 15,000 young people on our books suffering from tuberculosis. They are questioned and more or less examined, and the number of cases amongst them is very small. I am quite convinced that we have in Birmingham a small amount of venereal disease. It increased during the War, but it is declining now.

26. THE PRESIDENT. We have not got a great organised system of professional prostitution. Of amateur we have a great deal?—That is quite true.

27. DR. HILL. Are you of the opinion, with our present knowledge of venereal disease, that the line on which we are at present carrying on propaganda work of prevention, of Early Treatment Centres—of course in sufficient numbers—is the best line to adopt?—With sex hygiene. That is essential, and of course the ordinary propaganda work should not be done too blatantly. I think in time we will reduce the incidence of venereal disease. We will

in Birmingham, because the people are docile. If you give them a reason for a thing they will carry it out. We have not had time yet to judge the results. The number of clinics is not great, and they are not nearly sufficient for the community. If you wait for ten or fifteen years, and find that the present system fails, then we can take steps. It would, for instance, be most inadvisable to introduce the packet system now.

28. Is it your experience that after this propaganda there has been an increase in the number of cases attending the Treatment Centres?—Yes, I can instance that pointedly. I have just recently put outside my office a not-too-well-designed poster which says, "Health, prosperity and efficiency will be increased by the suppression of venereal disease." That has brought in a very large number of cases of venereal disease. I think the people would never have known it before but for that poster.

29. If the packet system were adopted, is it equally possible to disinfect the female organ?—The people who are issuing some of the instructions to women seem to instruct a common prostitute to use mercurial ointment. Where a prostitute accommodates the ordinary labouring classes several times a day, she is likely to contract mercurial poisoning in a very short time if she uses ointment each time. I do not think she can disinfect herself so that she would not be a danger to others, or that she could protect herself from an infective person.

30. Apart from the suggestive influence of the use of packets, do you consider that many people refrain from immorality on account of fear? Do you think fear is a deterrent which would be removed if packets got into general use?—I think that with some people fear is a deterrent. I know it has been said that medical students who see cases of disease are not deterred. While that may be so with medical students, I do not think it applies to the civil population. I think there is a deterrent influence in the knowledge that if they get that disease, they are going to be really damaged in health. A medical student who knows the results would be deterred by fear—the sensible ones will be. If you make a man lose his common sense by alcohol—and half of the men who contract disease lose control from that cause—then fear is no longer a deterrent.

31. There has been a suggestion put forward that there should be an amendment of the Venereal Disease Act which will permit chemists to advertise and to sell these packets. Supposing it were decided that the use of packets were permissible, would that be the best method of distributing the packets? Would it not be better to do it through some official body, such as the Public Health Department? I know the objection is that it is introducing non-medical treatment?—I really object to the distribution of packets in any way.

32. If they were distributed to the Public Health Department, very few would go and get them?—I agree. To my mind if you agree that packets are a desirable thing to issue you ought to get them issued as widely as possible.

33. DR. AMAND ROUTH. A great deal of instruction has been sent out as to what a man should use. If a man is deliberately going to have sexual intercourse, ought there to be any difficulty placed in his way in getting what he knows is a good thing to use? Ought he to be able to get these things from a chemist without difficulty? The law does not prevent him unless he says what it is for. You would not object to that if it were common knowledge?—I do not want propaganda in regard to the use of packets.

34. In reference to Treatment Centres, is there any way by which men or women can be kept under treatment until cured?—No. That is one of the great difficulties in the treatment of venereal disease.

35. Do you think that notification would help?—Personally I do not know whether the country is ripe for notification or not. From the general administration point of view it would not damage anybody, but it would keep people under control for some time. The difficulty about notification is that medical men cannot say when a man is cured. I think a common-sense plan should be adopted, so that if a man has been under treatment for a certain period he should be let off on a medical certificate.

36. Would it be possible to have a local notification of an experimental kind in such a town as Birmingham, supposing the people were in favour of it?—I was thinking of what loopholes there might be for escape. You have a changing population. It would be very much better to do it nationally than locally. Venereal disease differs very much from scarlet fever or measles in the duration of the disease, and people are going about all the time. You do not segregate them.

37. We were told that oily substances like vaseline applied to both sexes before intercourse were more likely to do good than almost anything else, because they lessened contact?—I could not give evidence on that point.

38. SIR A. PEARCE GOULD. Can you tell me whether it is, or is not, possible by the application of an antiseptic shortly after intercourse to prevent venereal disease?—I believe it is possible in certain cases. I am only going by general medical knowledge; it is an exceedingly difficult thing.

39. You admit prevention is better than cure?—Yes.

40. Have we any moral right to withhold knowledge because of an ulterior consequence?—You have to take into consideration the amount of damage the knowledge is going to do.

41. SIR ARBUTHNOT LANE. You say that if prostitution does not pay, the number of prostitutes will not increase. Is there a better-paying profession than prostitution?—I cannot say. If you get more money into the profession of prostitution you will get more prostitutes.

42. Do you consider that self-disinfection properly carried out is an effective method in the prevention of venereal disease?—Yes.

43. Assuming self-disinfection to be an effective, or the most effective, measure in the prevention of venereal disease, do you

think that, having regard to moral as well as physical interests, steps should be taken to spread a knowledge of self-disinfection and approved methods of practising it among all classes of the community?—It would be very damaging to the community.

EVIDENCE OF DR. C. J. MACALISTER, M.D. F.R.C.S.

1. SIR A. PEARCE GOULD. Is it your opinion that sexual continence is absolutely consistent with normal health in women as well as in men?—I should say so.

2. We have been told that it did not apply to women as it does to men?—There may be some exceptions, but I should say that sexual continence is quite consistent with health in women as well as in men.

3. Have you met exceptions?—I should say that probably one has met with exceptions in the case of women. There may be diseases or functional disorders which are related to celibacy. I am not an authority on this subject, however.

4. DR. HILL. Do you consider that venereal disease is still on the increase? You know there was a big rise after the War. Is there evidence of it declining now?—I do not think that venereal disease is declining. My feeling is that there was a considerable increment during the War, and that this is still continuing.

5. SIR SIMS WOODHEAD. With regard to sexual continence, do you think that applies only to the case of men, or would it apply in the case of women? You spoke of diseased conditions?—I am not an authority concerning these difficulties in women, but there are certain disorders which come under the purview of the physician where one feels that celibacy has had something to do with the matter. These cases may be regarded as occasional departures from the general rule that in women sexual continence before marriage is consistent with normal health.

6. You look upon them as being abnormal?—Not so much abnormal as variants from the normal. They may be regarded as normal, but unusual.

7. DR. MARY SCHARLIEB. Is it your opinion that if a man uses the contents of a prophylactic packet he is certain to get off scot free?—On the contrary, I am of the opinion that it is not at all certain. It has only too often happened that one has come across men who have used prophylactic packets and have been greatly aggrieved because they have contracted venereal disease in spite of this protection. During the War a considerable number of these cases came under my observation. I consider that the teaching of the public concerning the use of the prophylactic packet would be extremely dangerous. I am perfectly sure that any measure such as this, which would have the semblance of condoning vice, would result in an increase of vice, and then,

following the laws of supply and demand, there would be more prostitution and clandestinism, leading inevitably to more disease. If we do anything to teach the youth of the country that vice does not matter so long as they do not get disease, they would take it for granted that they may become vicious with impunity.

8. Is it also your opinion that the prophylactic packet is not only ineffective and leads to immorality, but that the use of the packet deters men from going for early treatment?—A man using the packet would think that he had taken every measure necessary to protect himself, and he would be less likely to present himself for early treatment.

9. And he might look upon the contents of the packet as curative?—Yes.

10. DR. AMAND ROUTH. With reference to sexual continence, are there more unusual cases in the one sex than in the other?—I do not think that the passion is as strong in women as in men.

11. And therefore we have been under the impression that it was easier for the one sex than for the other. Somehow or other it has been suggested that women become hysterical and require more help to get over these periods?—Because abstinence or continence before marriage is occasionally followed by symptoms in some women, it does not necessarily imply that these women understand that that is why they are out of health.

12. It is a physical matter of which they are not morally conscious?—Yes.

13. DR. MARY SCHARLIEB. Is it not rare?—Yes.

Memorandum

As an addendum to the answer which I gave to Dr. Mary Scharlieb concerning the use of the prophylactic packet, I would like to impress my view that any legislation promoting or encouraging the sale of packets by chemists, or any general education among the youth of the country concerning the use of these packets, would lead to a lowering of the moral standard.

That considerable class of the population which is kept straight and remains straight, partly owing to moral influences and partly owing to the fear of disease, would, I am sure, be greatly influenced in the wrong direction by an expression of opinion given by any authoritative body such as the medical profession that the packet system renders promiscuity safe. Error is a hardy plant which flourishes in every kind of soil, and we have to beware of the seeming truths that grow in its roots.

They are seeming because if we do anything to remove the breaks of morality, authorised preventive prophylaxis would, in my opinion, lead to an increase of clandestinism in both sexes, and consequently to more disease.

I consider that every sort of suggestion must be avoided that might lead to a subsequent fall of youth. Much foresight is required in thinking of this matter. A step in the path of error

would do incalculable harm. It would be easy enough to teach prophylaxis; it would be a very difficult matter to unteach it, or to remove an impression that had led to more rather than to less disease.

C. J. M.

THIRD DAY

Friday, October 22, 1920

The BISHOP OF BIRMINGHAM (President) in the chair

EVIDENCE OF DR. A. MEARNS FRASER

Medical Officer of Health, Portsmouth

1. THE PRESIDENT. Do you consider that sexual continence before marriage is consistent with normal health?—So far as I know it is consistent with normal health.

2. Do you consider self-disinfection as a method of preventing the development of venereal disease in persons who have exposed themselves is more efficient, or less efficient, than Venereal Clinics and Early Treatment Centres?—I feel very strongly that self-disinfection after exposure is much more efficient than either.

3. Our real difficulty is this, whether there should be encouragement for people to deal with themselves before infection or not. Do you consider it more efficient to deal with it before or after infection?—I prefer after exposure. It is more efficient.

4. You would not say that the provision of something before is a real necessity or benefit?—It may be a benefit, but it is not so good as something applied after.

5. Your position is, that in order to avoid venereal disease, the only absolutely safe procedure is to avoid fornication?—Yes.

6. One wants to be quite fair. Your moral standpoint is just as high, as far as you can judge, as the moral standpoint of people who take different views with regard to the provision of self-disinfectants?—Yes, I hope so.

7. DR. CHARLES BOND. In the memorandum it is quite fully and lucidly stated that local authorities should take steps to spread a knowledge of the means of preventing disease by self-disinfection. What is your view with regard to the removal, by legislative action, of such disabilities as now exist in the way of the public procuring disinfectants for themselves from chemists or otherwise?—I do not think there ought to be any disability on a chemist supplying any preparation which will prevent the contraction of venereal disease after exposure, if he is asked for a preparation for that purpose.

8. I gather that this method of propaganda came into effectual operation in Portsmouth after it was sanctioned by the Council in April?—It has only just come into effectual operation now, as some consideration had to be given to the best means of getting

the knowledge brought to the male population of Portsmouth, and it is only this week that I have been able to meet the Dockyard Whitley Council, which is composed of officials and men. The dockyard is the main place of employment, it employs 16,000 men, and I wanted to get the leaflets and the knowledge we are disseminating brought to the attention of each employee in the dockyard. It was discussed by the Whitley Council this week and unanimously agreed that the leaflets should be issued to all workmen, and that arrangements should be made to give short addresses on the subject. The dockyard is not the only place—there are other smaller works where we shall also try and deal with the employees.

9. It would not be fair to ask what the experience of Portsmouth is yet, but we shall be glad to know later what it is doing?—You will appreciate that one must wait for a year before one can form an opinion.

10. Do you think that the spread of knowledge on a large scale of the means of preventing venereal disease by self-disinfection, and the removal of the idea of danger occurring in consequence, will lead to an increase in promiscuous sex intercourse?—No, I do not think it will have much effect. I cannot say it will not have a slight effect. The fear of disease does not act as a deterrent, but probably induces men to seek women who are not prostitutes. Fear may deter a man for a short time, but I do not think it has any permanent effect against a man's desires.

11. THE PRESIDENT. Do you think that the average man who is inclined to this wrongdoing thinks it is almost safer to go with a prostitute than with the amateur? Has there not a great deal of information come out to that effect? It is part of the business of a prostitute to keep herself free from disease, otherwise her business is interfered with if she is recognised as a person suffering from venereal disease?—So far as my own personal opinion goes I think a man who is afraid of venereal disease when seeking sexual intercourse would be more likely to go with some one not a prostitute.

12. The amateurs are the more unsafe?—I do not think they are more unsafe. I should think there is not as much disease as among the profession.

13. DR. BOND. Regarding promiscuous sex intercourse, what amount of importance or seriousness do you attach to the question of the growth on a large scale of promiscuity as a factor in national welfare in the future? Do you regard it as a serious matter—I am speaking of physical efficiency, and not of morals?—I am not prepared to discuss that question.

14. DR. AMAND ROUTH. You consider that chastity is of first importance?—Yes.

15. Do you consider that a soldier on leave is more ready to indulge in impure intercourse now that he has got statements that he can be rendered fairly free from risk?—No.

16. Have you any information as regards soldiers or sailors on leave as to the proportion or the number that now are supplied

with packets and which go wrong?—Those are purely Army and Navy matters; I could not give any information.

17. Have you seen any information on those lines?—No.

18. With reference to your remark on the bottom of page 5 in your larger pamphlet, do you not think before this knowledge was made public the effect was to prevent men exposing themselves to risk, and now they are doing so without risk, as they think?—I refer you to what I have written.

19. But that must be the result, that those of a low moral tone are more easily led. You don't think it is a numerous class?—No, I don't.

20. With regard to the removing of disabilities from men who want to get disinfectant, do I understand that you think it will be wise to go back to the old law—the law which obtains before this last Criminal Law (Amendment) Act—and allow chemists to give disinfectants for that particular purpose?—What law?

21. You know the last Criminal Law (Amendment) Act prevented chemists giving disinfectant?—I do not read the Act in that way. They must not hold out any inducement or recommendation, which I take to mean printed recommendation. I do not think there is anything to prevent a chemist advising verbally that a person should have permanganate of potash for prevention, but I know that many chemists believe that the law prevents their doing so.

22. I thought there had been legal cases in which chemists had been found to be guilty?—I have not heard of them.

23. You think an advertisement should be made and sent round?—Yes, but I do not think there is anything in the Act to prevent verbal recommendation.

24. You say it is easier to kill the germs in the male than the female. We have had the opposite view given us, that the best way of preventing infection is for a woman to apply an ointment in freedom to her parts and so prevent contact?—All I can say is, that I adhere to the point of view set out in my report.

25. You do not agree with that view?—I put my opinion quite straight in the report. It is quite plain what I think on the matter.

26. You are not alluding to women at all?—I am not of opinion that it is advisable to deal with women. If you can deal with men effectually you do not need to deal with women. If you deal with women you bring in other controversial points, which are better avoided.

27. Are there sets of people in Portsmouth who have objected to this combination of advice for chastity, followed up by advice if there is not chastity?—We have had a great discussion in Portsmouth. What happened was that I presented that report which you have to the Health Committee. After it had been adopted by the Committee there was an interval of six weeks before it went before the Town Council for confirmation. In the meantime it had been circulated to the public, and much correspondence took place in the local Press from all points of view, members of various societies, religious bodies, etc., arguing on one side or the other, and the matter culminated in a public meeting

being called by the Mayor of Portsmouth, to which were invited representatives from every religious, social, or other body or association which was interested in the subject. Altogether about 150 representatives came together. This meeting was called for the purpose of enabling all the above to put their views before the Town Council, so that the Town Council might have every aspect of the subject fully discussed before voting on the adoption or the rejection of the report. Quite 75 per cent. of those who attended came, I believe, with the preconceived notion that the report was wrong, and that the action recommended was wrong, but after full discussion, during which everybody had complete freedom of speech, the meeting, so far from rejecting, endorsed the report. It had been agreed that no resolution should be taken, but in spite of that a resolution in favour was moved by the Rural Dean, the Rev. Lionel Blackburne, and seconded by the Right Rev. E. G. Ingham, and it was strongly supported by the President of the Free Church Council and other leading men who were well known in connection with the social and religious advancement in the town; if a vote had been taken I believe a large majority would have been in favour of the report. After this meeting the Council adopted the report with but very little adverse comment and by a large majority.

28. This is the report you mentioned?—Yes, my “Report on the Prevention of Venereal Diseases.”

29. DR. ERIC PRITCHARD. Do you believe it possible by prophylactic means to reduce the danger of venereal disease to a negligible minimum?—I think there will always be people who will be careless and a certain number under the influence of drink who will not follow the precautions advised, but in spite of that I think there will be such a large number of men who will take advantage of the knowledge that it will make a very appreciable difference in the prevalence of venereal disease.

30. DR. BOND. In the civil population?—Yes.

31. DR. PRITCHARD. Taking the average man of ordinary intelligence, do you believe it is possible to instruct him in such a way that the danger of infection will be reduced to a negligible minimum?—Yes.

32. Do you believe it right to withhold that knowledge from a large number of people who indulge in promiscuous intercourse?—I do not believe in withholding this knowledge.

33. You think it is wrong?—Absolutely wrong.

34. Do you think that ignorance and want of knowledge is one of the chief causes?—Yes; my view is that it is the duty of the Health Authorities to disseminate such knowledge as will protect the health of the inhabitants of their district.

35. SIR GERMAN SIMS WOODHEAD. Just now you referred to a change of opinion in the meeting held at Portsmouth. Do you think the last four lines on page 6 of your report have anything to do with that change of opinion?—I did not suggest the provision of packets by the Local Authorities, and I think that this attitude had considerable effect.

36. I was rather anxious to know that?—You cannot get away from the fact that the use of disinfectants here recommended entails that persons who go out for sexual intercourse should carry packets with them, but I do not believe that the authorities should issue packets.

37. THE PRESIDENT. But that those packets should be made up by chemists and open for sale?—A man should be able to go into a chemist's and say, "I want something to prevent my getting venereal disease."

38. That means that the ingredients should be for sale?—Quite, yes.

39. Therefore it only requires a minimum of knowledge in order to be able to secure what you want now by going to the chemist's and ordering these things?—Yes.

40. DR. T. EUSTACE HILL. Would you agree that the Criminal Law (Amendment) Act should be amended to enable chemists to advertise the prophylactic packets?—I should be rather inclined to say that they should only advertise things which have been by medical knowledge certified to be effective.

41. But we should have to wait a long time before we got a unanimous view of the medical profession on this matter?—It would be useless to wait for a unanimous view of the medical profession on any one matter.

42. What would be your basis as to when the medical profession generally approved?—If there is a sufficient weight of evidence on one side. I consider we have a sufficient weight of evidence as to what are the best and most effective preventive means in venereal disease. If you will look at my report you will see a list of some of the most eminent men in the medical profession who support this view.

43. That is your opinion?—Quite.

44. You talk about public interest, but this information should be given. Are you aware that there is a growing school which is in favour of the limitation of families? Are you therefore in favour of advertisements being issued about contraceptants?—Does that come in? The view I am advocating does not in any way affect the use of contraceptives or the limitation of families.

45. It is a deduction which could reasonably be taken?—I am not prepared to give an opinion on the subject of contraceptives.

46. You state that in your opinion the risk is greater in the professional than in the amateur prostitutes?—It is difficult to get statistics. I can tell you that in one military centre sixty per cent. of the cases were supposed to have contracted the disease from amateurs, and the definition of amateur there was that soldiers went with a girl and did not give her any payment.

47. Do you know that in one of the London Lock Hospitals statistics were issued to the public by a responsible body, that seventy-two per cent. of the cases of venereal disease were contracted from amateurs?—I do not know that. I can think that during war-time there would be a different standard. I have been told that a whole lot of girls, on patriotic grounds, and

probably with the thought that the men would come back to them, gave themselves free to the men. Whether that is true or not I cannot tell.

48. Do you consider that there is an increase in the prevalence of venereal disease?—I am inclined to think that there is. It is difficult to get figures. There is no notification. The attendances at the Venereal Disease Clinics at Portsmouth have increased very much since 1917, but that may be due to other conditions. Personally, as Medical Officer of Health, I think the attendances are largely due to the public attention there is drawn to the disease. When I have given addresses on the subject at Portsmouth there has been an increase of men at the Venereal Treatment Centre immediately afterwards.

49. Is the increase due to a still further increase in the disease or to better knowledge of the treatment?—I am very much inclined to think it due to an increase of disease.

50. THE PRESIDENT. There are greater numbers infected?—Large numbers contracted the disease in the Army, and there is probably more disease about now.

51. DR. HILL. Your pamphlet deals with the men. If nothing is done with the women, do you think you are going to get any effective reduction in prevalence of disease?—I do.

52. Why?—I think there will be a reduction because it takes two to spread the disease. If all men used disinfectants, and so avoided disease, it must obviously die out in women too.

53. You know, in certain parts of the country, there is still prevailing among the lower classes a view that if they suffer from venereal disease they can get rid of it by passing it on to a virgin?—Yes, but if men used disinfectants they would not get disease, so that this horrible practice would also disappear.

54. With regard to education in the value of prophylaxis, where are you going to commence it? Would you commence it at puberty, since many do expose themselves at this age to immorality?—Yes.

55. Would you recommend sex teaching or training in our schools, and would you, before the scholars left school, recommend that advice should be given as to the accuracy of these prophylactic methods?—That is a most difficult question, the most difficult of the whole problem. I have thought over it, but I have never been able to form a definite opinion. The onset of puberty occurs at different ages. I do think that all lads ought to have some instruction on this point when they leave school. Who is to give it, and how it is to be given, I do not know. Personally if I were asked to lecture boys, I admit I should be in a difficult position.

56. THE PRESIDENT. You would not point out the dangers of venereal disease or anything of that kind, but lay the whole stress upon the moral side? It is a different thing when they are launched out into the world?—Then it often comes too late.

57. Is not the difficulty intensely great to know where to draw the line?—The dilemma is this. If you tell them of prevention, it may be said you are inducing them to seek sexual

intercourse. If you do not tell them, you may be leaving them to ruin their lives through ignorance.

58. DR. HILL. We have boys in public schools after puberty. If you are logical, you must carry it there?—I think that is the logical sequence to it.

59. THE PRESIDENT. Is it always wise to be logical?

60. DR. HILL. Do you think such instruction might be harmful to a considerable number of young adolescents?—It depends on the manner in which the instruction is given. It might be very beneficial; it would require to be very carefully introduced and careful wording, but I feel sure it would do a lot of good.

61. You do not think fear has much influence in restricting?—I am perfectly sure it has no permanent restricting influence. It may on occasions have restrained, but eventually fear ceases to deter.

62. THE PRESIDENT. Four times out of five it may be effective, but on the fifth ineffective?—It depends, not on fear or courage, but on the strength of the sex instinct of men. Nothing will prevent some people, they would go with any woman, even if they knew she were suffering from venereal disease.

63. DR. HILL. Are you satisfied with the steps taken for the prevention of venereal disease by Early Treatment Centres? Do you think they are likely to be effective in materially reducing the prevalence of venereal disease?—I do not think so; I do not think they will have any effect.

64. Early Treatment Centres?—No.

65. Clinics?—They must have some effect in the prevention of disease. A man suffering from syphilis will be rendered non-infectious.

66. DR. AGNES DUNNETT. Do you think gonorrhœa cocci is more virile on the virgin side?—I do not know.

67. At Portsmouth you have a roving population, sailors who are on leave for a short time who must be protected. Would you have the same publicity given to the subject where there is not a roving population?—Yes.

68. What are we going to do with young, innocent boys?—My impression is that boys of fifteen to sixteen cannot be said to be innocent on this subject. They talk about it in the school; they are not ignorant of everything connected with sexual intercourse. They get wrong ideas, of course.

69. Do you think that chastity and self-discipline have been given a really fair trial?—I cannot answer that.

70. THE PRESIDENT. Is it not possible to teach a boy leaving a public school with regard to sex hygiene without necessarily going into these other questions?—I think it is possible.

71. SIR GERMAN SIMS WOODHEAD. Do you think it is advisable to divide the teaching into two stages? That is, the boy and girl in early life should be dealt with on the sex hygiene question, but when they are coming into contact with the world, whether something else might be taught them?—That seems to me to be an admirable suggestion.

72. DR. MARY SCHARLIEB. You are a strong advocate for morality, and you consider the best prophylaxis is chastity before marriage and proper use of the marriage state afterwards?—Yes.

73. You do not advise people to apply prophylaxis before they have incurred risks, but afterwards?—What I said was that the application after exposure is much more reliable than before.

74. If you had a young son, would you say to him, "You can keep right, and you ought to keep right, I know it is no detriment to your health if you do, but if you are determined to go wrong, here is the means to go wrong with impunity"?—I should not put it like that. I should say, "If by any chance you do go wrong, then for goodness' sake do certain things to prevent disease."

75. You would not provide him with a prophylactic packet?—No, I do not think I should.

76. Will you agree that the very best method is the perfect frankness between mother and child, and father and son? Do you agree that there has not been sufficient propaganda to instruct fathers and mothers of the nation to keep open a way of easy communication between themselves and their children, so that the children will not draw a veil over their feelings and new desires, or misunderstood and unappreciated desires, so that they could go to their parents and get help?—The difficulty is that people are differently constituted, and some people are quite unable to speak on sexual matters. That is a fact, and it must be recognised.

77. REV. PRINCIPAL A. E. GARVIE. Dr. Fraser has pronounced a very definite opinion on one of the most difficult problems that the moralist has had to face. On page 5* you seem absolutely to identify intention and act—if a man has the intention to sin, you might just as well sin. Can you identify intention and act?—What I have done is to quote the words of Christ. They are not my words.

78. With regard to teaching public school boys, would you be content with the more general teaching of sex hygiene?—I think instruction to a certain extent as to the prevention of venereal disease to older boys leaving school would be extremely serviceable.

79. You would be faced with the allegation that you are using the public school in the interest of immorality?—I would not agree with that.

80. THE PRESIDENT. You would not like the authorities to provide the packets, but you think the chemist should be able to sell them. May not people say, if this is to be done at all, "As it is in the interest of public health, should it not be permissible for the authorities to do it, and not for the chemist"? Would it not be a greater deterrent to go to the public authority than to the chemist?—You would then be giving public recognition that promiscuous sexual intercourse is usual. You would give authoritative warrant for it. If authorities simply give advice and urge certain precautions, then I think we have rather a different position.

* *Report on the Prevention of Venereal Diseases*, Health Department, Portsmouth, 1920.

81. Except that you say the chemist may provide. It is a national thing, rather than a local thing?—I would say that such-and-such is useful and a chemist may supply it.

82. It is stated here, with regard to the prevention of venereal disease, that the use of capsules before connection is useful in regard to gonorrhœa and syphilis, whilst disinfection is only useful in regard to syphilis?—I do not agree with it.

83. Is it, or is it not, a fact that some preventives may be used both in regard to the prevention of venereal disease and the prevention of conception?—What I recommend has no effect upon conception.

FOURTH DAY

Friday, October 29, 1920

{The BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT OF REV. J. H. BATESON, C.B.E., H.C.F.

FROM a long and intimate experience of moral work among soldiers, in India from 1886 to 1909, and thereafter in England up to the present time, I am of opinion :—

1. That any form of provision for incontinence, either by the supply of women or of prophylactics, is a direct encouragement to men to commit fornication, who, otherwise, would keep themselves morally clean.

When women were provided for soldiers in Indian cantonments, the admissions into hospital for venereal disease reached the high-water mark. When the system was abolished, under Lord Kitchener, the admissions into hospital decreased to a remarkable degree.

2. That many men who, normally, would fear the consequences of fornication, are tempted to commit sin when they are led to believe that they may do so without fear of serious consequences.

3. That when men are led to believe that they can commit fornication without fear of consequences, an evil habit is formed. Consequently, when they are away from certified women or prophylactics, they are less able to withstand the temptations with which they are confronted, and will take risks which they otherwise would not have taken.

4. That there is a very distinct connection between the use of alcoholic beverages, even in moderation, and fornication.

5. That continence and abstinence from the sins of the flesh are the only safeguard against venereal disease.

1. THE PRESIDENT. You have been working long among soldiers? You have been Chaplain to the Forces?—Yes.

2. You worked in India for some time?—Yes.

3. Twenty-three years?—Yes.

4. And were you through the War?—I have held an administrative post at home. I have been out in France.

5. And you take the very strong view with regard to this matter that any form of assisting incontinence by the provision of packets to prevent the evil physical effects is a danger?—Yes, I take that view very strongly.

6. You call it a direct encouragement?—Yes.

7. You say that some, who would otherwise keep themselves morally clean, fall because of it? Are you satisfied that it is possible for a person to keep himself physically and morally clean?—I cannot speak from the medical standpoint, only generally, from intimate knowledge of men. I had exceptional opportunities in India, where I had to visit all Army units once a year. In addition to speaking to the men about temperance, I had also to speak to them on the subject of purity. I never came across a case where a man felt he *had* to commit fornication. I have spoken to tens of thousands of men and I have never come up against such a case.

8. You never came across a man who could not go without it?—I heard of men who told me that they had the inclination and asked for help to overcome it. I found that the advice one gave was effective in helping them.

9. If you had a lot of men segregated and there were no women about, when they got to the places where the women were, that is when the fornication became rife?—I do not know that that is so true of the soldier as of the sailor.

10. It is admittedly a very strong thing?—Undoubtedly so.

11. Did your men tell you that they were prepared to go pure, but they had received things which would keep them safe from physical injury?—I do not know about that. I have only come up against it incidentally. May I make the position clear? In India I was working for the moral side of the Army. We wanted to have an Army thoroughly efficient. There were 70,000 soldiers in India. With the possibility of a frontier campaign, Lord Roberts and Lord Kitchener wanted to have the Army absolutely efficient, and it was their wish that everything should be done to make it efficient. They said, "Get as many men as you can to sign the pledge." If we sent our soldiers to Afghanistan, we had medical reasons for saying that those who were teetotallers, who were wounded and sent down to the base, would be back in the firing-line more quickly than the men who had been heavy drinkers. We argued about purity on the same lines. If a man was ill from sin he could not do his duty, he would be weakened if he had been in hospital from venereal disease, and on those grounds we made our appeal. Teetotaller if possible, and chaste if you can secure chastity. We argued from the official figures of preventable disease in India. When men had inducements given them to sin, by the provision of women, the returns for venereal disease reached the high-water mark. When the men were appealed to on moral grounds the figures showed a great improvement. Lord Kitchener abolished everything in the way of State brothels, and made a great appeal everywhere on moral grounds. He had a variety of methods, with which some people

did not altogether agree. For instance, if a man had had venereal disease, for three months after he came out of hospital he was not allowed to go into the regimental swimming-bath, and a notice was put up: "Private —, having been in hospital with venereal disease, is not allowed to use this bath, in order to prevent him contaminating his comrades." The reduction of venereal disease began with the use of the moral methods. To the moral appeal the men were not insensible.

12. There was none of that provision which nowadays is before us?—No prophylactics were given out to the men in those days.

13. Something would be put up that they could be treated?—There were inspections. The men had to be inspected continually. I forget how frequently such inspections took place. A man was punished if he was found to be suffering from disease. He was encouraged to own up. There was a stoppage of pay connected with this endeavour to reduce the amount of venereal disease in the Army.

14. REV. PROV. BROWN. How was it done?—If a man had venereal disease, when he came out of hospital he lost the pay to which he would be entitled if he had not had venereal disease.

15. SIR ALFRED PEARCE GOULD. Have you got the figures with you?—Yes, of the admissions into hospital, from the India Office. In 1892, out of a strength of 70,000 men, 27,927 in the one year passed through hospital. The high-water mark was reached in 1895, when it was 37,096, more than fifty per cent.

16. Is that during the time of the licensed houses, which had a great deal to do with it?—Yes. In 1903, Lord Kitchener came to India. In that year there were 17,372 admissions. He tackled the matter as it had never been tackled before. The succeeding figures are as follows: 1904, 14,113; 1905, 10,957; 1906, 8,237; 1907, 6,236; 1908, 4,786; 1909, was a slight increase, 4,854; 1910, 4,272; and in 1915, before other troops came out from England, it was only 1,305, a fall from 37,096 in 1895 to 1,305 in 1915.

17. Is that without any physical means at all?—None, sir. Lord Kitchener would not have the licensed women. If a man got venereal disease he was supposed to take the Regimental Police to the house where he had received the contagion. The women there were given the option of going to a Lock Hospital—or clearing out.

18. Your men were not instructed to practise any measures of ordinary cleanliness?—I was distinctly told, if I came across cases where men were told to use prophylactics, they should be reported to the Commander-in-Chief.

19. THE PRESIDENT. The Army authorities were opposed?—It was Lord Kitchener who really, in 1903, put an end to the use of encouragements to incontinence.

20. Were they scientifically known?—They sold things. It was not done by the medical authorities at all. Commanding Officers had those things sold in the Canteens along with refreshments, etc., and men could go there and buy them.

21. SIR ALFRED PEARCE GOULD. It was all done with your knowledge, by moral persuasion?—Undoubtedly.

22. Were there any other factors, such as the introduction of a large proportion of Catholic regiments?—I can supply, if need be, the names of the regiments that were in India at that time every year.

23. Are you able from memory to say that there were no circumstances of that kind which would make these figures otherwise trustworthy?—There was a proportion of Scotch and Irish regiments, but the proportion was the same from year to year. I can think of nothing that would affect these figures, which are official.

24. THE PRESIDENT. Was the proportion of venereal disease less in the Catholic than in the other regiments?—I could not answer that. I could look it up.

25. SIR ALFRED PEARCE GOULD. I think it is well known. You had 70,000 troops in India?—The number varied slightly, from 69,488 in 1894, to 71,000. The variation was only about 2,000.

26. DR. CHARLES BOND. You have no means of knowing that the fall in the incidence of admissions to hospital for venereal disease was accompanied by a like fall in promiscuous sex intercourse?—I think I can answer that very clearly. I lived among the men and for the men, and I can guarantee that there were thousands of men who found that they were better off physically without, and we only appealed to them on the moral ground.

27. Could you tell us what proportion of the improvement was due to that? Do you know the effect of the increased temperance movement, the moral teaching, and what proportion was due to what we might call the penal clauses and other forms of punishment?—I put it down mainly to the change with regard to temperance, and I am only sorry that I have not brought the figures, but I took the trouble to-day to look up the number of abstainers per thousand. In 1894, the admissions to hospital for venereal disease among abstainers was per thousand 271·5, non-abstainers 375·4; 1895, abstainers 279·69, non-abstainers 395·81; 1896, abstainers 353·98, non-abstainers 426·61; 1897, abstainers 307·18, non-abstainers 378·18. In the regiments they divided the men up into categories of abstainers and non-abstainers. In 1898, the abstainers were 208·48, non-abstainers 301·52. In 1899, there were abstainers 187·53, and non-abstainers 255·78. The figures in each case are per thousand.

28. REV. PRINCIPAL GARVIE. That is only the proportion of abstainers and non-abstainers admitted to hospital for disease. How many outside were abstainers and therefore never contracted venereal disease?—I will send the figures for every year.

29. SIR ALFRED PEARCE GOULD. Was there any difference in the stoppage of pay?—It was a military offence.

30. Before Lord Kitchener's time?—I do not think so.

31. SIR FREDERICK MOTT. When did Lord Kitchener make these penal measures?—1903 to 1904.

32. There is a steady drop from that point. You cannot think

that that might have led to concealment?—No, the inspections, of course, would be some guarantee against that.

33. That was one of the arguments against it?—I know.

34. Were the women in the bazaars looked after? I have heard that they were seen, that they were not diseased?—I think you can put it in a nutshell. The women went on their own to the Lock Hospitals. They knew if disease came from the house they were in they would be turned out.

35. I do not say that all this drop was due to the condemnation of irregular and promiscuous intercourse if the source of infection was looked after?—I have got an answer to your question. The number of venereal patients steadily decreased, though the men for six months in the winter, owing to regimental, brigade and Army training, were in camp most of the time. If those men had been going to brothels in the bazaars during the summer months, when they were in cantonments and going in for this thing, surely when they got away from the cantonments to villages where there was no protection for them, and no women who were supposed to be clean, they would have gone and got disease all over the place, as they went through the villages? The greatest proof is that when they moved into the jungle and the villages they kept themselves clean, otherwise in the winter you would have had an enormous increase in venereal disease.

36. If you disinfected the women who gave the soldiers the disease it would materially help in the drop in the numbers?—Undoubtedly it would; I must admit that. But would it account for it?

37. You attribute these figures to the moral change in the men, who were all alike practically?—Yes.

38. When they got out to France why were they not clean? Why were there 125,000 cases in one year?—I hold the view, which is shared by many, that the means taken during the War, and the whole of the teaching of the Army, has been on wrong lines, and the chaplains of the Denominational Advisory Committee felt this so strongly that we asked Lord Derby, when Secretary of State for War, that we might send round our own lecturers to lecture to the men from the moral standpoint. One of our reasons for that was that the emphasis was placed on "avoid disease," not on personal purity.

39. The National Council has done that most efficiently. Their lectures could not be improved upon, but they did not cause the drop anticipated?—The medical appeal inside the Army was on wrong lines, and I should like to mention this to you, if I may. I think it does touch an important argument. It is the specimen lecture, that we all know about, which was issued by the War Office to all sorts of people—to doctors who would treat the matter rightly, and often to non-commissioned officers. Actually at the end of this most important lecture, it says, "For the sake of your comrades, for the sake of your country, your wives and families, for the sake of everything you hold good"—what? you must keep yourself pure: no—"you must disinfect yourself,"

The whole tendency of the advice given to the men was not "Be pure," but "Take precautions," and I think that ought to be a classical sentence, illustrating the way in which this matter ought *not* to be put.

40. Did they do it at the beginning of the War?—Yes.

41. Did they use it for some years and the venereal disease was rampant in France?—My only point is that the emphasis was laid on the self-disinfection.

42. DR. AMAND ROUTH. You consider that the moral advice ought to take the first place?—That is my view.

43. And at the same time, knowing that a good many people would not be amenable to that advice, you consider that what was done in India, for instance, to reduce the possibilities of these men going wrong, ought to be attempted here also?—Yes.

44. That was one advantage of the lessening of alcohol?—Yes.

45. What of the penal measures taken?—They all had some influence.

46. You do not want only moral advice, you want everything done that can help?—Yes, and may I say this? I do not want to intrude evidence, but I have found there was a type of lecture given to men in India which stirred their passions. I found that men very often after the lecture went straight away to the bazaar, because the thing had been so crudely put to them that it aroused their passions. I am of opinion that in lectures you want to be very careful that nothing is said which would defeat the object of the lectures.

47. And do I gather that these men, when they had the opportunity, still continued to keep right?—Mainly. I have seen the monthly returns, and there was no great rise for the first three months of the winter.

48. What influence did the fear of consequences and risks have in keeping these men right and continent?—I do not know whether it is very serious at home, but it is a very serious thing in India, and fear of consequences had a great deal to do with it.

49. At what would you put the number of those deterred by fear?—Fear had a good deal to do with continence in most cases.

50. DR. CHARLES GIBBS. If these figures are entirely due to the better moral tone on the part of the men, how do you explain the arithmetical reduction year by year? Did the lectures improve in efficacy?—No, but then you were getting new men. Men who had done seven years out in India were gradually going home, and we began with the new recruits, from the day they landed in India, and brought these new ideas before them.

51. How many of them were new?—The average period of service in India was about seven years. You were gradually getting hold of the youngsters and helping them to fight against impurity, and therefore decreasing your admissions from venereal disease.

52. It is a fact that fifty per cent. of venereal disease is syphilis. The Ministry of Health figures show fifty per cent. syphilis and fifty per cent. gonorrhœa, so that if in your first bad year, when there were 37,000, half of those were syphilis, those people would

be eliminated from your future figures because they would not get a second attack of syphilis?—I will answer all I can see my way to answer.

53. These figures do not convey to you what they convey to those here who are medicals?—I see.

54. If you have 37,000, and half of those were suffering from venereal disease, and half of those were syphilis, that would eliminate one quarter of your men for all the rest of your time, and next year, out of 14,000, if 7,000 are syphilis, you would have less men the next year again to get syphilis. Is that so?

55. DR. GARVIE. Does not that ignore the fact that young men were coming in?—Some of the old hands you could not deal with, so we focussed our efforts on the recruit. I had to go down to the trooping dépôt and speak to every recruit arriving from England on this subject. They had also been spoken to on the ship coming out, and we tried to get them to see the moral point of view.

56. DR. CHARLES GIBBS. I doubt whether your figures bear out the facts. You do not interpret these figures?—I can only bring the facts; I am not able, I have not the knowledge to interpret the figures altogether.

57. You are here to instruct the whole Committee?—I am not a medical man. You have raised a point that had never been brought to my notice.

58. DR. MARY SCHARLIEB. Is it not the fact that they cannot put in any secondary manifestations?

DR. CHARLES GIBBS. That makes his figures worse than ever, because one man would become half a dozen patients.

59. DR. CHARLES BOND. Is there any return showing a distinction between syphilis and gonorrhœa?—Not in the ones presented; they might be got from the India Office.

60. REV. PROV. BROWN. Have you come across cases where men have been advised by non-commissioned officers that the way to keep fit is to have sexual intercourse?—Yes, when we began this campaign. The old soldier would tell the young man, "If you are going to keep well in India you have to go to the bad house."

61. DR. GARVIE. Can you get statistics to bear upon what Dr. Gibbs has put to you, as to the number of time-expired men who left each year and the fresh men who came in?—Yes, they were about 13,000 a year.

STATEMENT OF DR. MAURICE CRAIG, M.D., F.R.C.P.

1. My answer to this question is in the affirmative.

With regard to Questions 2 and 3 I have no experience on which to base an opinion.

4. This must vary with the individual: it clearly does not necessarily lead to the weakening of moral control, and in some instances it would tend to strengthen it, though in others it might lessen it. In that the effects of venereal disease may last throughout the life of the infected person, and also may be

transmitted to others, including children, it must be for the national welfare to limit its development in every direction possible. There would appear to be three general classes of persons involved :—

(a) Those whose moral attributes protect them from temptation;

(b) Those who are deterred from temptation by the fear of consequences;

(c) The reckless who are influenced neither by the claims of morality nor by fear of consequences. The middle class seems to be the one that is of importance in considering this question, and with them the weakening of moral control is hardly involved, as the morality that is simply fear of consequences is of a very low order. Nevertheless, this fear is a factor of importance, and has its value, but, in any case, will fear be eliminated by any prophylactic measures? The fact that, humanly speaking, there must always be a risk of venereal disease to persons who practise promiscuous intercourse, provided that this is definitely stated, would appear to me to be a strong argument against the argument that preventive measures will tend to lessen control. Further, it would appear to me that the moral standpoint is the same as the scientific, *i. e.* the ultimate good of mankind, and in that widely distributed venereal disease leads to degeneracy, both in the individual and in his offspring, it must perforce militate against moral growth in the nation, for degenerate people are usually unable to acquire a high moral standing. Consequently, if prevention is possible, this should not be lightly cast aside, as prophylactic medicine far outstrips any curative measures.

1. THE PRESIDENT. Does your answer to the first question refer to both sexes?—Yes.

2. We have had a good deal before us with regard to the comparative ease with which the one sex can keep pure as compared with the other. What is your opinion about that?—I admit it would be a bigger strain upon men than women, but I do not consider it is an impossibility for either.

3. And on a matter like that, the advice of a medical man should be sought. Supposing you had a young person you knew about, that there would be a difficulty about him, and he came to consult you about it?—I would tell him that he can be continent.

4. And you would show the best means of keeping himself in that condition?—Certainly, it would vary with the individual entirely.

5. With regard to Question 4. You are a very great authority on mental matters. Do you consider that there is a great deal of mental breakdown from this particular failure?—No, I do not think there is. The difficulty has always been to say whether it is the immediate exciting cause of the breakdown or purely a secondary factor.

6. It might be an assistant, rather than the principal?—There are cases in which it might appear to be one or the other. I have seen cases who have been advised by others to have intercourse as a curative measure, but in my experience this is a failure, for it does not help the patient, and in some cases it does definite harm. I have also seen persons who have been recommended marriage for mental disorders, but the majority of persons who have been married for these reasons have broken down again subsequently. I do not say that there are not cases that have married and have lived happily, but in these cases there are probably other conditions that have helped them, such as the opening of their life, their having a home and other interests, and these have saved them much more than the sexual relationship.

7. DR. SCHOFIELD. You say, "Further, it would appear to me that the moral standpoint is the same as the scientific, *i. e.* the ultimate good of mankind." Does that not obscure the issues? Would you not allow the scientific and the moral to be translated the physical and the psychological?—I think it is a mistake to take that view. Our whole ideals can only be appreciated through the physical. You only know me through the physical. If my physical powers are obscured by disease you cannot acquire a knowledge of my mind or my ideals.

8. You put health and morality on the same level?—Mind, body and spirit are one as far as the consciousness is concerned.

9. Would you say the moral standpoint is the same as the scientific?—I mean scientific in this way. If you keep the body healthy it will then be possible to attain a much higher moral level than if your body is diseased. The more degenerate a person is physically, the more degenerate he is likely to be mentally.

10. I think this is the crux of the question between two different schools. One is medical and one is moral, and this obscures the media?—The ends are the same, I think.

11. Is not the aim of the scientific man, the physical good of mankind, and through that his morals may be improved? It does not follow. The physically strongest are not by any means the most moral, and it does not follow that the physical advantage goes *pari passu* with the moral?—On *a priori* grounds I disagree. If a man in perfect health is vicious, then it is more to his discredit. If a person is vicious owing to degeneracy, that would be excusable. You cannot place them on the same footing.

12. Can you tabulate them in the way you desire to do?—Not in the way you wish me to do.

13. But in your paper?—I place them in absolute relationship. You are trying to put into my mouth what I do not intend. I mean the more healthy the race the greater the effect of these gentlemen (indicating the President) will be upon us. They cannot do anything with a degenerate race, that is perfectly clear.

14. That statement is so general that it does not amount to the statement on this paper, Dr. Craig?—That is my fault, if I have not made it clear. I will take it down to the individual, I will specialise it as far as you will, sir.

THE PRESIDENT. A medical man, when he is dealing with his patients, eliminates the moral situation altogether.

15. DR. SCHOFIELD. Is not his primary consideration the health of his physical body? It is his proper and right position. To say that that issue is the same as the moral issue, is, to my mind, not borne out by facts?—To me the standpoint is the same—the ultimate good of mankind. You should not alter what I have said. If you ask me what I do in the consulting-room, I will tell you that I endeavour to do more than get a man well, I try to make him happy.

16. The standpoint is different?—No, it is the same, the ultimate good of mankind.

17. Yes, sir, but the ultimate good is a term so big that it might be dismissed. Do you mean his physical good or his moral good? Or do you assert they are the same?—The ultimate good must be his moral good, and you can only get that through his physical.

18. You do not deal with Nos. 2 and 3, although No. 4 involves these too, whether it is for the moral good or for the scientific good? Do you think it is for both?—The healthier the race, the more it advances the moral well-being of the race.

I have yet to learn that morality depends upon health. I have yet to learn that the most healthy nation is the best and most moral nation. I believe there is a division between health and morals, and as to whether the ultimate good is moral, and not physical health, with that I demur. I do think it is the crucial point on which turns the whole question which we are labouring from the different witnesses.

19. THE PRESIDENT. The question has been answered, it may be generally, but I do not think you can get more from Dr. Craig?—I won't alter, sir.

20. REV. PRINCIPAL A. E. GARVIE. I want to ask a question on something that arises out of the wording which indicates that the use of prophylactic measures will not eliminate the factor of fear, that is, that there will remain an element of risk. I want to ask you if, however much the use of prophylactic measures may be advised, there would always be an element of risk?—Humanly speaking there must be. The last witness bore out in practice what I knew must be the case scientifically. You have got the human inefficiency to reckon with every time. Some person will make a mistake, therefore there is always going to be a certain risk attached to it. It works both ways; although you are protecting against disease, and, in consequence, reducing the incidence of it, you are not lessening moral control, which is based on fear of contracting disease, as some danger is still present.

21. The matter is so important that I would like to follow that up. You hold that the use of prophylactics does not so completely remove risks as to eliminate the factor of fear?—No.

22. You maintain that health is a condition of holiness?—I maintain that you can only get the reflection of holiness through

health in the individual. Take imbecility, idiocy and so on; you have no evidence of holiness there. It does not eliminate the belief in the future of the individual, but so far as this world is concerned, and his effect upon others, it is non-existent.

23. Eliminating those cases, is there evidence that physical degeneracy and moral degeneracy go together? Are there cases where there is no connection at all between the moral character and the physical condition?—I hope I have never claimed that. There is not an absolute relationship between health and holiness. The standpoint is the same—the ultimate good of the whole. I am not dealing with isolated cases such as you are putting before me.

24. Then all this statement is intended to bring out is this, for the moral good of mankind generally—allowing for those exceptions—physical health is a necessary condition?—A very important one. I am viewing it as a man whose work is largely with mental patients.

25. REV. PROV. BROWN. Are not the people who are recommending persons to adopt prophylaxis in good faith under the belief that they are efficacious?—You are giving me a hypothetical question. I have not said, and I do not hold, that because there are certain known methods, that it is necessary to train every child in those methods. Certain things may become common knowledge with advantage. It is a very different thing to calling your son or daughter into the library and giving them an address before going to the University, and then giving them a packet. Adolescents need not be trained to understand everything, and I do not gather from this reference that that is the recommendation.

26. My point is not the warning or setting up in the young of the idea that they may fall inevitably. My point is, those who are recommended by pamphlet to adopt treatment, either anti or post, are surely in the main led to believe that that treatment is efficacious. They are not warned of the scientific fears as to the risks?—Then I think they ought to be warned.

27. Do you think we could tell the people all the delicate evidence we hear, how a virgin cannot protect herself, or a woman who has been child-bearing is likely to spread the disease higher?—They should be told that that is a known element of risk, that is all I say.

28. The element of fear remains in force?—Yes.

29. But it is much lessened?—I am not in a position to say how much it is lessened. I understand that it is greatly lessened. Therefore I consider, if it can be shown that prophylactic measures do lessen risk, then we ought not to oppose them on any other ground, and this is strengthened by the knowledge that fear is not eliminated.

30. In so far as it is recommended as likely to be safe, the element of fear is removed. That follows?—I do not think any scientific gentleman here would say that it was absolutely certain.

31. I am dealing with the patient and the general effect on the public mind of the diffusion of these methods, either anti or post

protection. Surely the popular mind must have great faith in them?—They may have certain faith from experience. I do not think it is any more than that of certain women who try to prevent conception. I do not think the people would ever adopt them believing that they are certain.

32. THE PRESIDENT. Are not the public led to believe that it is practically certain that you will get off if you use these things?—I do not think so.

MGR. PROV. BROWN. The soldiers said that was the impression given them.

33. THE PRESIDENT. I have heard fellows complain bitterly that they had been told to use them?—That is the bad way in which it was placed before them.

34. DR. AMAND ROUTH. You say, "Consequently, if prevention is possible, this should not be lightly cast aside, as prophylactic medicine far outstripped any curative measures." What do you mean by outstripped?—To prevent is much more effective than to remedy after a disease has developed.

35. By prophylactic medicine you mean prevention?—To prevent anything is better than to cure it.

36. SIR F. W. MOTT. It must be your experience that a certain number of cases do break down on account of disappointed love in young women, and surely the sexual instinct is so strong that the non-gratification of the sex instinct does have a serious effect on the minds of many people?—Emotion rather than a sexual denial. There are cases one knows in which it is difficult to say whether the sexual element does not come in. I am making a general statement here rather than referring to isolated cases.

37. Is it not your opinion that the majority of these cases of general paralysis, or a large number of these cases, never knew they had syphilis at all?—My experience is not borne out there.

38. They have not been treated effectively?—That is so.

39. And the obvious evidence of syphilis is very often absent altogether?—Quite.

40. Secondly, they did not go to be treated until the organism had spread into the body and brain?—Yes.

41. Do you not think that if the preventive measures of self-disinfection were adopted, a great many would not occur?—I quite agree, they would not.

42. And is it not your opinion that it is one of the most serious results of syphilis? It has been proved, has it not, that syphilis develops into general paralysis?—Yes, with not only serious results to the individual, but to their children.

43. Then, taking it from the moral standpoint, supposing self-disinfection did diminish the incidence of syphilis in the race, from the moral standpoint therefore, if there were fewer innocent women and children suffering, would not that outweigh other moral considerations?—I feel that the moral duty of the medical profession is to lessen suffering, and to see that the children do not suffer from disease that belongs to their parents.

44. Is not it the fault of our society, with its disharmony between physiological and social conditions? Physiologically it is right that a healthy young man and young woman should marry?—Yes.

45. And that is physically impossible for large numbers, due to inefficient housing and wage questions; and if those two could be remedied, we should have much greater cause for not recommending this treatment, but all the while these conditions exist we must do something to try to prevent the spread of disease?—Yes.

46. I see from the moral point of view the other side of the question. We have to consider the fact that large numbers of innocent women and children are suffering, and there are hundreds of thousands of pre-natal deaths from this cause?—It is not only a question involving the morality of the individual, it is a question which affects the future. If it were merely the punishing of the individual, the moral question might stand as some would wish it to do.

47. With regard to the restriction of birth. The restriction of birth is due to the condition of the State. Many cannot have children?—I agree that this is partly the difficulty.

48. If this is wrong, the State is wrong in not providing means by which healthy young men and women can live in a physiologically natural manner?—Yes, on that hypothesis.

49. THE PRESIDENT. Do you think that argument could be carried to an extreme? In this way, that in order to protect the individual you should abolish prostitution?

SIR F. W. MOTT. It is not the professional prostitution, but the clandestine prostitution.

50. THE PRESIDENT. If you want to reduce disease, and allow them to marry, should you not make prostitution a thing which was punishable and prevent it, if you are helping a person to be moral?—I am doubtful if you can make it punishable.

SIR F. W. MOTT. The professional prostitute is less dangerous than the amateur. Large numbers of prostitutes and young men who go astray are moral degenerates or high-grade imbeciles, and your difficulty is to get them under control.

51. THE PRESIDENT. Have you any experience with regard to what you may term the amateur prostitutes, and to their mental or nerve condition?—There are certain of them who are morally deficient, as Sir Frederick was saying.

52. That has been your experience?—Very largely, they are high-grade imbeciles. You cannot control them morally. I think it is their moral failing which has got them into that state. The two are wrapped up together.

53. SIR F. W. MOTT. You will admit that syphilis is the cause of this degeneracy?—A very important cause.

DR. CHARLES GIBBS. I am in charge of the Harrow Road Lock Hospital. My patients come from prisons and unions, and a large majority of them are non-compos mentis.

THE PRESIDENT. Through syphilis.

DR. GIBBS. No.

54. THE PRESIDENT. Does syphilis tend to decrease the moral position?—Greatly.

55. Therefore a syphilitic person is more likely to be morally unfit?—Certainly, that is one of the great difficulties.

56. Does not that make the position more difficult again? That the people say that they do not think you ought to do certain things because of the moral position, and if nothing is done you will increase the moral difficulty?—That is my point. You cannot separate them; the two are inter-dependent.

57. DR. CHARLES BOND. Would I be correct in saying that your position is, that a vicious circle exists, the degenerate condition of the population tends to the increase of venereal disease and the contracting of venereal disease brings about degeneracy?—Yes, sir, and everything that will lessen venereal disease ought to be done.

58. And the provision of disinfection will break that vicious circle?—To me it must be clear. You are doing both physical and moral good.

59. SIR ALFRED PEARCE GOULD. Is there anything else? Does not chastity prevent venereal disease?—Yes, of course it does.

60. Which is the most certain way of preventing this social evil chastity or irregular intercourse protected by these various plans?—It certainly cannot be chastity. Chastity has been tried; we are beaten on chastity.

61. But supposing they are chaste?—Yes, but you are forgetting the human factor. If the human element were removed I should say yes, but we are exactly as we are because we cannot eliminate the human frailties.

62. As contrasted with pathological, these diseases are generated with promiscuous intercourse. They never occur with chastity?—They could not occur with chastity on both sides. They might occur with chastity if one person is not chaste.

63. Both must be chaste?—That is our whole problem.

64. What is the physiological state? Is it right to call promiscuous intercourse physiological when it can be demonstrated to be the cause of disease? Is that not pathological?—It might be physiological leading to a pathological condition.

65. Can you call physiological the mode of life which leads to pathological disease?—You are introducing an argument which is full of difficulties.

66. When you have a mode of life which leads to disease, is it not straining the sense of the word physiological?—The point you raise is so involved that it can scarcely be argued in the way you put it. Life in cities is physiological, but segregation gives rise to disease: one's work and the whole of what one is doing is thoroughly pathological.

I accept it.

67. SIR WILLIAM ARBUTHNOT LANE. As long as the world goes on there will be irregular intercourse, and no amount of preaching morality will interfere with physiology?—I am afraid I must quite agree.

68. Men and women—married men and women—if they are not satisfied with each other, if they do not get the satisfaction they expect, will have irregular intercourse, and no power on earth is going to prevent it?—I agree. What I want to do is to see that the man reaches the years of appreciation undamaged. We must not lose sight of the fact that a man may be reckless and thoughtless, and yet he may at any moment become moral. Why should we allow him to be damaged during his period of recklessness if we can prevent it? That is what it comes to.

STATEMENT OF DR. MORNA RAWLINS, M.B., B.S.

1. I consider that sexual continence before marriage is consistent with normal health in women, provided that the sex energy is diverted into some other channel, such as work, art, music, etc.

2. I consider that self-disinfection is less efficient than medical treatment at Venereal Clinics and Early Treatment Centres for women. I do not consider that self-disinfection can be applied by the majority of women effectively. Virgins who frequently get infected at the first intercourse would find it exceedingly difficult to lubricate the cervix or so thoroughly treat the vulva as to prevent infections of the ducts of Bartholin and Skene, which are so often infected by the gonococcus in women. The class who might practise the preventive methods with some success would be the professional prostitute.

The methods laid out by the Society for the Prevention of Venereal Disease do not deal with extra-genital infections.

3. (a) Ung. Calomel, of the strength suggested in the pamphlet, should be satisfactory if it could be properly applied, but the mechanical difficulties in applying the ointment appear to me to be exceedingly difficult, especially in virgins, and a false sense of security only is given.

(b) I consider douching applied by an unskilled person may result in more harm than good—dirty nozzles are used, and the fluid is introduced at high pressure, and I believe, especially in women who have borne children, and whose os uteri may be patent, that there is a real danger of spreading infection higher.

4. I consider that methods of self-disinfection do involve serious disadvantages of a moral kind. To be of any use the adolescent of both sexes must be taught these methods—it is surely a mistake to teach young boys and girls to tamper with their sex organs?

It gives a sense of security, and would, in my opinion, tend to an increase of promiscuous sexual intercourse. By teaching the use of methods of self-disinfection, promiscuous sexual intercourse is also sanctioned. If, instead of only teaching a boy or girl the ideal to follow, he or she at the same time is handed a packet in case they cannot live up to this ideal, it is surely tempting

them to indulge, and tantamount to telling them that it is practically impossible for them to live up to the standard they have been taught.

1. THE PRESIDENT. I see you answer our questions very plainly. You say, "I consider that sexual continence before marriage is consistent with normal health in women, provided that the sex energy is diverted into some other channels." Would not that apply to everything we do, everything with which we are tempted, that we must do something to counteract it?—Certainly.

2. When you say normal health, you mean good health?—Yes.

3. You say, in answer to Question 4, that self-disinfection involves disadvantages of a moral kind. That means that if one is led to think or dwell upon certain parts of the body, it is undesirable?—Yes.

4. You are strongly of the opinion that if, whilst you teach the moral side, you at the same time give a packet, you are more or less defeating what you have taught?—I am strongly of that opinion.

SIR WILLIAM ARBUTHNOT LANE. I have no question.

5. SIR ALFRED PEARCE GOULD. Have you ever seen any evidence of harm in women from chastity?—I can at this moment think of one case. She came to me as a patient, and she found exceeding difficulty in keeping straight. She was on the border-line of insanity. That is a kind of condition in which I think the sex energy should be diverted into some other channel. She should not have been allowed to dwell on those things at the beginning.

6. It is a mental condition?—Not physical at all.

7. You do not know of any physical disease that can be caused by chastity?—I know of none.

8. DR. CHARLES J. BOND. In regard to the view you take as to the seriousness of promiscuous intercourse, not from the moral standpoint, but from the physical, its possible effects on domestic life, family life and so on, do you think, or do you not think, that considerable increase in promiscuous intercourse would seriously affect the family life and tend to national disintegration?—It would seriously affect family life.

9. DR. AMAND ROUTH. You say that self-disinfection is less efficient than treatment at clinics, etc. What is your reason for saying that?—Self-disinfection is difficult to apply to women. I am not speaking of self-disinfection in the male. It is exceedingly difficult for women to use self-disinfectants so as to make themselves immune from infection, and having used them, they think they are safe, and they are not safe, and they ignore symptoms which they would not otherwise ignore. If they went to an Early Treatment Centre the treatment would be meted out by competent persons, and I think that would be a better plan than self-disinfection, which could not be satisfactorily done in the case of women to prevent disease.

10. Although the Venereal Clinic Treatment would be some hours later than the other, you think it is more reliable?—That is my feeling, that it would be more reliable, because women cannot use the disinfectant properly.

11. In your third answer you say, "Ung. Calomel, if properly applied." Could that be done several times a day without risk to a patient?—There would be some risk.

12. Is there any risk of mercurial poisoning?—If the ointment was allowed to remain on and absorbed, there would be risk.

13. You have not heard of any cases?—I have only come across one who has used it so far.

14. I gather from your statements that you think that the stated safety of using packets beforehand would rather increase the number of those who indulge in promiscuous intercourse?—That is my feeling.

15. And supposing that there were a larger number of men who felt it thus safe to indulge, and did it more frequently, would not the supply of women have to be increased? Have you any idea what effect that would have on prostitution?—I am afraid I do not know. It might have to be increased.

16. DR. CHARLES GIBBS. You state that self-disinfection is less efficient than medical treatment, and you are strongly of the opinion that self-disinfection would not reduce the amount of venereal disease very much?—That is my feeling.

17. But supposing that there are, as there are, a large body of prostitutes who have had gonorrhœa, who have been to Treatment Centres and have been taught to syringe themselves and douche themselves, don't you think that if that large body of women were to disinfect themselves with an efficient antiseptic after each intercourse, the amount of venereal disease would be reduced—not from the moral point, but as an actual physical fact?—Yes.

18. You disinfect your instrument before you pass a speculum, you boil it. If the male is disinfected, and the woman was to disinfect herself afterwards, surely the amount of venereal disease must be largely reduced. You clean up the patient before the operation to prevent sepsis?—In an operation case, the part rendered aseptic is not continually generating septic matter. In the case of venereal disease, the parts after disinfection continue to secrete discharge, which may contain the infective organisms, and therefore it appears to me that the man is not safe even if the woman disinfects herself.

19. So that the amount of disease would be less?—I consider that at the time of intercourse discharge would be poured out which would be infective whatever had been done before.

20. But granted it was infective, the disinfectant would diminish it?—It must diminish the amount of infectivity if any of the disinfectant remains.

21. Therefore the amount of disease?—I think it is exceedingly difficult to tell.

22. It is difficult, but I think you have an *a priori* argument. If you used a disinfectant before connection and after, you are less likely to get infective disease?—Yes, but my trouble is, I know three cases which have been infected with syphilis who have used the packets.

23. From three cases you are not going to argue?—That is my

difficulty. From the scientific point of view, if the disinfectant is sufficient and remains *in situ*, it should be as you say.

24. You would not expect a woman to be as skilled as a doctor who would do the disinfecting for her?—No.

THE PRESIDENT. Let me here interpose; I want to welcome Sir Frederick Mott very cordially.

SIR FREDERICK MOTT. Dr. Gibbs has asked the questions I would ask, and I quite agree with the points that he has made. I want to say I do not come here as a representative of the Society for the Prevention of Venereal Disease.

25. THE PRESIDENT. We welcome you as Sir Frederick Mott. You suggest, Dr. Gibbs, that the majority of prostitutes are clean. I should like to know whether there is any way of ascertaining the proportion?

DR. GIBBS. They are not necessarily infected. At the Lock Hospital we are seeing, because of this propaganda, hundreds of cases with nothing the matter with them, and these hundreds of cases have been with prostitutes, therefore those prostitutes were non-infective at that time.

26. THE PRESIDENT. Have there been any statistics with regard to what we might call the comparative number of prostitutes who are in a state of danger to those with whom they go?

DR. GIBBS. No.

27. DR. AGNES DUNNETT. You say the methods do not deal with extra-genital infections. In your experience do these frequently occur?—I see frequent cases of chancre on the lip. I heard of one case the other day where a patient had adopted packet precautions and had got infected on the lip, and soon afterwards had a secondary throat.

28. Therefore you think that extra-genital infection is seen at a later stage than if it was in an ordinary position?—It might be overlooked if the patient considered the use of packets was a preventive.

29. And the earlier they are seen and treated, the easier is the cure?—Yes.

30. Disinfection might be a serious source of danger in delay?—It might.

31. SIR HUMPHRY DAVY ROLLESTON. I gather, Dr. Rawlins, that you feel that self-disinfection may have some good effect?—Scientifically, if it could be applied thoroughly it would have a good effect. The question to me is the practicability of it.

32. Do you consider that after-treatment alone, or after-treatment plus self-disinfection, is the more valuable from the practical point of view?—This is merely from the medical point of view?

33. I want to know whether you consider the two treatments combined are more valuable than after-treatment alone?—The two combined would be more valuable from the medical standpoint alone.

34. Then, granting that if you had two treatments, that leads to more promiscuous sexual intercourse, do you think that the result would be a general diminution of the amount of venereal disease

in the kingdom at large?—If you had a combination of the two treatments?

35. Yes?—I think it might.

36. And you would agree, of course, that that diminution would be to the good of the race?—Now you get on to other problems.

37. The physical good of the race?—I think, before saying that, you must take into account extra-genital chancres and innocent infections.

38. How much does it amount to in this country?—Innocent infections are certainly a large number.

39. Hereditary?—Not hereditary; I am thinking of children.

40. DR. AMAND ROUTH. May we understand what Dr. Rolleston means by two treatments? Is it the application by the woman or the man before and after exposure, or personal application and clinics?

41. SIR HUMPHRY DAVY ROLLESTON. Self-disinfection and clinics?—I understood the treatment by the patient of herself, and the Early Treatment Centre immediately afterwards.

42. I gather that you find the last question is difficult to answer?—It is exceedingly difficult. The difficulty of the whole question is that the cases of innocent infection, extra-genital chancres, cannot be dealt with by this method at all. At Guy's Hospital, for the first six months of this year, 21·5 per cent. of the cases were children under fourteen, and the majority of those were gonorrhœa, and I had in one week alone three cases of primary of the vulva in children. It does not deal with those cases and it does not deal with the married woman.

43. DR. MARY SCHARLIEB. Do you not think that calomel ointment of twenty-five per cent. to thirty-three per cent. strength is rather a rough treatment for the vulva and vagina if it is to be applied repeatedly in twenty-four hours?—Yes. I did say that a little while ago.

44. You do not think that a woman can apply satisfactorily to herself?—No, I do not think she can. I do not think a virgin can. It is not at all easy to find the cervix and lubricate the whole of the vagina.

45. Will you emphasise the disadvantages of a moral kind which are involved in methods of self-disinfection?—To make self-disinfection of any use you would have to teach the very young to use it, the adolescent to use it, and I think in that way you draw their attention unnecessarily to those parts, and it may lead to a great deal of serious harm. I think through the sense of security you may get an increase in promiscuous intercourse. It appears to me that if you are trying to bring your sons and daughters up to lead clean and decent lives, and then tell them that if they cannot they had better have a packet in their pockets, it turns their thoughts to such things and makes them far more liable to go astray. I know of two cases in which young men were given packets, and they said they had no idea of going astray until they received them, and they both got syphilis. Therefore,

I think it is difficult to teach civilians how to use such things with any degree of safety.

46. Putting all the difficulty of the self-disinfection of women out of the question, and admitting that a man can disinfect himself, do you think that it is to the advantage of the race that they should be trained to self-disinfect? Or do you think it would lead to more promiscuous intercourse to the disadvantage of the race? —I think it would be a disadvantage.

47. DR. SCHOFIELD. I understand you think that self-disinfection gives a sense of security?—Yes.

48. Would you consider that in the minds of the public the wish for security is greatest for syphilis than for other venereal diseases? —Yes.

49. Then, in view of the curability of syphilis to-day, does not that give a greater sense of security to those who are about to, possibly, acquire it, than self-disinfection?—No, sir, because I think there is a great fear of getting syphilis. I am not sure that the public do consider it curable.

50. If the information was generally diffused, that syphilis is now practically curable, whereas before it was believed to be incurable, does not that lead to promiscuous intercourse? That knowledge? —I have not come across that, sir.

51. You do not think so?—No.

52. THE PRESIDENT. You say, "Could it be conclusively proved that by using packets for self-disinfection venereal disease would be absolutely stamped out—as a medical woman I might feel bound to advocate their use." Does not that defeat some of the arguments you have used with regard to the moral difficulty?—I am speaking from the medical and scientific standpoint, of getting rid of a disease, as trying to get rid of tubercle and cancer; I am not thinking of the moral good of the nation at all, but of stamping out the disease itself.

53. Can you separate yourself as a leading medical authority and as a moralist? You would have to think, would you not, of stamping out the disease?—Yes, that is, as a medical woman.

54. And therefore one can hardly be surprised at a good many highly moral medical men taking the view that the stamping out of the disease is the more important matter?—No, certainly not.

We are very grateful, Dr. Rawlins, and I like the way in which the scientific ladies are able to stand up to these scientific men.

FIFTH DAY

Friday, November 11, 1920

THE BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT BY DR. JAMES NIVEN

Medical Officer of Health, Manchester

As regards the questions in reference to which I have been invited to give evidence, they are largely a matter of opinion.

My opinions are :—

1. Sexual continence is in general not merely consistent with normal health, but is a source of energy both mentally and physically.

2. One measure is to be regarded as supplementary to the other. The point in which each fails may be said to be :—

Prophylaxis will for a time be very partially, and may at times be unskilfully, practised. For those, however, who practise it carefully, it promises to be a protection.

It is less applicable to women than to men. Still, in protecting men, it protects women also. It is to be used in conjunction with self-disinfection.

The Early Treatment Centre, if visited within a short period after sexual intercourse, supposing only one act to have occurred, offers a good security against the implanting of disease, because the measures taken are carried out by skilful attendants. But the numbers affected are, in the nature of the case, small compared with the numbers who could be protected by prophylaxis and self-disinfection, and there is great risk that many of these even will not apply for early treatment soon enough.

Medical treatment applies to those who have not used efficient early measures, either being unaware of the need, or else having incurred risk under circumstances which preclude the use of protectives at an early stage.

The sources of failure are these :—

One is that patients do not complete their course of treatment. Another is that women suffering from gonorrhœa do not apply for treatment, at all events to Venereal Disease Centres, and often do not know that they are suffering. A third is that, no doubt, many persons do not get the most skilful treatment available from fear of publicity. There are, perhaps, others.

4.—This is a matter of opinion.

There was before, and has been since the War, a good deal of immorality, marital and otherwise, and it is difficult to imagine that this will be increased by a knowledge of the dangers and modes of prevention of venereal disease. It appears to me that the diffusion of this knowledge will tend to induce caution where at present there is nothing but impulse. It does not appear to me that there is the danger of weakening moral control which

is feared; if by this is meant that a knowledge of the danger of venereal diseases, and of the methods by which that danger may be counteracted, is likely to induce many who would otherwise abstain, to go astray.

The immediate need appears to be by every possible means to arrest the spread of venereal disease from one person to another, by making widely known the dangers of promiscuous intercourse and the means of averting them.

Fresh questions continue to arise. For example: Why do so many cases of gonorrhœal ophthalmia occur? Should not every pregnant woman be instructed by her medical attendant, or by the midwife engaged, to give information of the presence of any discharge during pregnancy, or at other times of any unusual discharge coming on, so that its nature may be investigated and any necessary measures adopted?

Would it be possible to devise a sex ritual which could be universally advocated, so that at a proper interval after sexual intercourse measures of cleansing should be adopted, both by man and woman? These could be made to embrace self-disinfection and would be beneficial apart altogether from the prevention of venereal disease.

They might have a considerable influence, for example, on septic infection.

THE PRESIDENT. There is one thing I want to say, and that is, with regard to the Report before the Hospitals Sub-committee, that it is a good thing that we have such capable officers as Dr. Niven in our big towns. It is a great credit to the whole nation.

1. Dr. Niven, you say you are satisfied that sexual continence before marriage is consistent with normal health?—Certainly.

2. You think that prophylaxis treatment at a centre is not antagonistic to medical treatment, but is supplementary?—That is my view. I do not think you can dispense entirely with any of these aids.

3. In your private and confidential statement before the Hospitals Sub-committee there is a point made that the poster of the corporation did not sufficiently emphasise the need for purity of life. That was one of the complaints?—Yes, that was one of the complaints, and I am bound to say that the poster is being entirely reviewed at the present time. We have interviewed all the delegates from the various societies who have made representations, and their representations are being taken into account. I did not see that it rested with me to touch the moral side of the question. It seemed to me it rather rested with the clergymen generally, and with those who had the question of giving guidance under their control. I was treating the subject purely from the medical point of view, not as an immoral one, but as a non-moral one, so that I did not feel called upon to express my view upon the subject of continence. I do, as a matter of fact, hold quite strong views upon the subject. I think it is a great disaster to the nation, to any nation, to have general promiscuous intercourse.

4. Even if it did not lead to disease?—Even if it did not lead to disease.

5. Is it possible for a man to hold an office under a municipality, that is, to hold an office of general guide and helper of the municipality, to separate one side from the other, that is, to separate the moral from the physical? In the health of a place moral is not distinct from physical health?—Yes, that is true. I quite admit that that is theoretically the case, but in this instance one's object was to call attention to the need for taking all possible preventive measures, and it seemed to me if you started, as I believe it was proposed to start, with moral condemnation, which is the only thing you can do if that aspect of the question is touched upon, that the advice which was given to take all possible precautions would not be read, and thus would not be adopted. It was purely from that point of view.

6. You were face to face with a great curse, difficulty and danger to the health of the people, and what you had to do was to try to stem that?—That was my view. I have no objection to the corporation expressing themselves strongly on that matter, but the primary object at the time was to call attention to the need for every possible precaution to be taken.

7. What is your position? There are some people who say that perfect provision should be afforded to everybody in case they might yield to the desire for sexual intercourse?—Yes.

8. I rather gather that you and a good many others say, "We are not going to do this promiscuously, but if a person feels that he is likely to fall, there ought to be provision for him"?—That is my position. I think that all the knowledge available of how disease may be prevented should be accessible to those who are determined to engage in promiscuous sexual intercourse.

9. You would have a movement on their part first?—Yes.

10. That they should have to apply, to go through the difficulty of applying, for means to help them, but that those means should not be provided for them before they have expressed a desire for them?—That is what we have done. I do not wish to sit in judgment upon what any one else thinks in this matter.

11. You have let the people know that?—That there are ways of getting the information, which they can adopt if they wish.

12. Would that carry you so far as to enable you to tell us what is your view as to what should be sold in the way of preventives at chemists' shops?—No, I think I am not prepared to go further. The Act, as a matter of fact, does not forbid the purchase of the necessary materials at chemists' shops, providing the chemist gives no advice in regard to the prevention or cure of venereal disease. I am not prepared to go further than that.

13. The chemist can sell the various materials, but not combined for the purpose of prophylaxis. That is as far as you would go?—At present.

14. SIR ALFRED PEARCE GOULD. Has venereal disease increased in Manchester?—Yes, it has increased. I have, as a matter of fact, got out tables to show the position, and these tables were

originally constructed upon the figures of notifications for ophthalmia neonatorum by medical practitioners. (See Appendix A, Table II.) I asked the medical lady who is in charge of the Maternity and Child Welfare work to prepare me accurate figures for five years upon that subject, so she went through the whole of the reports on each case. I did not tell her the object for which I wanted the figures, but she has re-classified them with careful scrutiny of the cases, going over the history of every case that has been treated, and the results do not come out quite the same as the notified cases do. Table II, Appendix A, relating to notifications of ophthalmia neonatorum as received from medical practitioners, shows that the rate of incidence remains steady from 1915 to 1918, rising in 1919, and again in 1920, when it was at its highest point. The number of cases was greatly increased in 1920, due to a marked increase in the birth-rate. Table III, Appendix A, gives the figures for ophthalmia neonatorum as corrected by Dr. Drummond. The results are not quite in accordance with those obtained by simply taking the notifications as they come in. They show fluctuating rates of incidence from 1915 to 1920, the highest rate being in the first six months of 1920. Perhaps I may go on here, before dealing with this paper, to say that it is a striking fact that the rate of incidence is lower upon the illegitimate than upon the legitimate.

15. Have you any explanation of this fact?—Except that the disease is widely distributed among married people.

16. Are not these women in their labour attended to by either doctors or trained midwives who have been trained to apply an antiseptic during the time of every new-born child?—That is so.

17. We have here a case in which experts, more or less skilled, can, within a very short time of exposure, apply a potent antiseptic at the time, and yet we have a very considerable incidence of gonorrhœal disease?—Well, when the Midwives' Act came into operation in Manchester in 1905, a committee sat upon this subject, and they had before them the gentlemen from the eye hospitals, who advised them that they should run risks and use nitrate of silver or protarzol; but, having regard to the quality of the midwives at that time, they did not think it was safe to put into the hands of these midwives so powerful an agent, and they adopted for the purposes of treatment the use of boracic acid—saturated solution of boracic acid. The eyes are first wiped and treated in that way. Whether that is to be taken as an explanation, I do not know. I think the time is now come when it will be safe to use nitrate of silver, and the subject is under consideration. It is possible, when that is done, that the incidence will be further reduced.

18. It is exceedingly easy to prevent gonorrhœal infection if a simple antiseptic is applied within an hour?—I believe the treatment to be, with the above reservation, a careful one throughout.

19. But here we have a case in which the treatment is applied within an hour and yet there is a large proportion of failures?—A treatment is applied.

20. You would like to leave it at "a treatment"?—I do not think you can apply permanganate of potash to the eyes.

21. Comparable to the other?—I do not know how far that is. I quite see the bearing of the question, but I am not prepared to say that one would draw the necessary inference from that.

22. DR. CHARLES BOND. I would like to know whether the failure which seems to be demonstrated by these figures is really due to the substance employed or to the method of employing it; that is to say, inexperience or want of attention on the part of the midwives? Is the failure due to the substance or to the application?—The midwives were well instructed, but you will always have a certain number of people who will conduct matters less skilfully than others. They have been well instructed how to carry out this procedure.

23. But they were using the right substance? It would be well to start a re-organisation, would it not?—That is so, I think. One would have to alter the procedure, because the eye specialists say that nitrate of silver properly applied does destroy the gonococcus.

24. Page 2 of your paper: Do you think that the spread of knowledge of how to prevent the consequences of promiscuous intercourse will bring about an increase of such intercourse? Looking at the matter from the point of view of its effect on national life, is there any drawback to the use of this method?—Yes. That is a difficult question, I must admit. I should like to say that if you can show that any method is an effectual and reliable one for preventing venereal disease by the use of personal self-disinfection, I think that it is one's duty to give access to that knowledge, to give access to it with only a little difficulty.

25. Apart from the ulterior disadvantages in the shape of the spread of promiscuous intercourse?—Yes. If that knowledge were propagated in a careful manner, and the access properly allowed to that information, it is my view that that would not lead to an increase of promiscuous intercourse.

26. THE PRESIDENT. Do you think that at the present time fear of consequences influences many people in regard to sexual intercourse?—There again widely different views may be held, but I do not think, judging from the experience which one reads of in the Army, and judging from the incidence of venereal disease on the population, and the fact that the general population is well aware, from the presence of Venereal Disease Clinical Centres, of the consequences of promiscuous intercourse—I do not think that that fear is an important factor.

27. Nor would be greatly influenced by the spread of knowledge? There would not be much less or much more as a result of the spread of knowledge?—That is my view, if the knowledge were properly applied or conveyed.

28. Would it be possible to convey that knowledge and at the same time have a moral effect in the conveying of it? There are two ways of conveying knowledge?—That is what we are at present trying to do. If it were so desirable to do that, it could quite well be done.

29. DR. BOND. Has any reply been issued of an official or unofficial kind to the criticism of the Society of Friends?—I do not recollect receiving any official intimation from the Society of Friends. I think I have put here all the statements that came to us up to the date of this reply, and we have not had any from the Society of Friends, so far as I am aware, since that time.

30. SIR FREDERICK MOTT. You state that married women presumably were infected with more ophthalmia neonatorum than unmarried women. Can you account for it?—No.

31. Soldiers' wives are frequently infected?—That, of course, is so; but venereal disease is widely distributed in the general population as well as amongst soldiers. I am not prepared to say that soldiers are worse than the general population.

32. Can you tell me exactly what you are doing at your Treatment Centres now?—I have here a statement which has only just been issued upon the working of the Early Treatment Centre for six months. I take it the Ministry of Health would permit of my handing it in?

THE SECRETARY. The Ministry of Health has undertaken to help this enquiry.

33. SIR FREDERICK MOTT. Supposing a man knows he has been exposed to infection, what procedure takes place?—It is elaborate. I can send you a copy of the directions which are posted up. Unfortunately I did not think of bringing a copy of those directions with me. The attendant has directions posted for his guidance as to what he shall do, and what he does briefly is to call upon the patient to pass water. Then he washes the penis, the scrotum and the surrounding area of skin with soap and water. Then he bathes the parts with perchloride of mercury, one in four thousand, taking care to see that the perchloride gets into the folds. Then he puts on the patient the rubber apron with a hole in it through which the penis is passed, after which the patient is irrigated by the attendant with a permanganate solution, one in three thousand, and elaborate directions are given to the attendant in that matter. The penis is dried with a swab, and then calomel ointment is rubbed into the scrotum, the prepuce and the meatus. Then the penis is dressed so that the clothes shall not be soiled, and the man is dismissed.¹

34. Is the patient told anything about self-disinfection if he exposes himself again?—Not to my knowledge.

35. Although you advocate it?—The attendant is not supposed to have anything to do with that.

36. Practically there is no teaching of self-disinfection?—Except from the poster on the prevention of venereal disease which has been put up in the lavatories.

37. THE PRESIDENT. He can apply for information?—He is told by the poster that by applying to the Medical Officer of Health

¹ A copy of these directions is suspended at the Centre for guidance of the patient under treatment. (See Appendix C. A, original; B, proposed modification.)

he may get a copy of the "Directions to Men" issued by the Society for the Prevention of Venereal Disease.

38. SIR FREDERICK MOTT. I wanted to know how he got the information?—The chemist is forbidden by law.

39. You approve of that?—For the present. That is the position that we take up, that information should be given how the person can obtain the necessary knowledge. I am not prepared to go further at present.

40. But still you do really think that the advantages would outweigh the disadvantages? I speak of both moral and physical sides?—Presuming that this treatment is effectual, yes, the advantages will, in my opinion, outweigh the disadvantages. Dr. Amand Routh asked regarding the incidence of ophthalmia neonatorum.—Might I say that these are not the notification figures, as I have explained? I have the notification figures here, but these are figures prepared by the lady doctor who has charge of Maternity and Child Welfare, with the assistance of two skilled eye nurses, after careful scrutiny of the returns, showing the cases which in their opinion were cases of ophthalmia neonatorum, and those which were not, so that notified cases were again sub-divided into true cases and cases of conjunctivitis. That being so, I think that a great majority of them are gonorrhoeal. The number in the first six months of 1920 of true cases of ophthalmia neonatorum is 227 and the others 100.—They have not been verified bacteriologically.¹

41. What would be the solution of nitrate of silver that your ophthalmic surgeons recommended?—I do not remember.

42. You talk of nitrate of silver solution. The whole thing depends on the strength?—The solution prescribed would be on the advice of the eye specialist.

43. I would like to ask you with regard to the sixth paragraph on page 6 of your report to the hospitals' sub-committee, where you say: "The measures of sex cleansing adopted must be such in time and method as to avert any possible danger of venereal disease and yet not to interfere with impregnation." It has been suggested to me that it encourages women to use methods to prevent venereal disease if you tell them at the same time that it is going to prevent them becoming pregnant. You don't approve of that type of encouragement?—As a public officer I am not prepared to give that advice, and I think we are very much in the hands of the specialists in the diseases of women in this matter. I think we should have to be guided by them as to how far one can go with safety. I do think if something of the kind could be generally recommended without the odium which is attached at present to taking precautions against conveying venereal disease, the objection to taking suitable

¹ See Appendix A, Tables I, II, IV. Table I shows the facts as notified by practitioners; Table II the facts as reclassified by Dr. Drummond into true ophthalmia neonatorum, and others; Table IV the cases of ophthalmia neonatorum thus determined, occurring month by month from 1915 to July 1920.

precautions would be done away with, or at any rate very much diminished.

44. Sir Frederick Mott asked you a question with regard to ophthalmia neonatorum being more frequent in the children of married women. Is not the reason that married women are having connection with husbands who have been infected a great many times, as against the fact that a great number of illegitimates have been fertilised on one occasion. Is not that an explanation?—That does occur to one. I do not know what the explanation is. Any one can interpret the facts for himself. I merely state it as a fact, revealed by these figures.

45. Is the fact that married women have more syphilitic children than unmarried women because they have had several children, while the unmarried has only one?—But what I have given is the rate incidence upon births. It is not a report of the incidence on married or single people. You are speaking of the report as showing the incidence upon the mothers; I was speaking of the report as showing the incidence upon births. If I could interpose a remark here, I have got here a statement with regard to the birth-rate for the legitimate and illegitimate children respectively, and the death-rate from syphilis in illegitimates is 18·75 per 1000 and for legitimate children 2·19 per 1000, which is, in the light of these gonorrhœal figures, obviously wrong.

46. I thought the Registrar-General gave 6·93 in one case and about 3 in married women?—The average rate in Manchester for five years is what I have taken, and I think it is a good broad basis. As I have said, 18·75 as against 2·19. That is the figure given, and the second figure is, no doubt, due to the exercise of medical discretion. I think you will have to place the death-rate from congenital syphilis at much higher than is usually stated, for that reason. If you compare the incidence of gonorrhœal ophthalmia on legitimate and illegitimate children, what you must infer is that the illegitimate rate is much nearer the actual fact than the legitimate rate.

47. The death certificate is unreliable?—Yes.

48. As regards your Appendix III, has the poster been withdrawn?—It has been withdrawn at the request of the Ministry of Health from the Early Treatment Centres.

49. And from the lavatories?—From the lavatories of the Early Treatment Centres. It is not yet withdrawn from the other lavatories.

50. And I think the objection or protest has been taken more especially to Nos. 2 and 3 on the poster. No. 2 reads: "The greatest protection is purity of life," and No. 3 reads: "But even this occasionally fails to protect from disease." Is it not the argument that No. 3 takes away from the force of No. 2?—That was the representation.

51. Do you think that yourself also?—Yes.

52. No. 3 modifies No. 2, it makes people think it is not worth while if they are not safe with it?—It is open to misunderstanding; the fact remains.

53. Will you tell me what you mean by No. 3?—Innocent people are infected by venereal disease, people who are perfectly pure in their lives.

54. May I ask if you have seen the poster and pamphlet of the Portsmouth Medical Officer of Health?—I have.

55. That puts the continence point of view very much stronger than this. Do you not think that it is an improvement on yours as regards that? You have told us that you consider that a continent life is perfectly safe?—I have no objection to saying so, with strict regard to the facts.

56. But this is hardly strong enough in view of your opinion on the subject?—Not to conveying that, but that was not what we were conveying.

57. DR. EUSTACE HILL. One question about the desirability of further publication or publicity of prophylactic means. You know also, I have no doubt, that there is a proposal at present to amend the Venereal Diseases Act 1917 so as to allow chemists to advertise these preventive prophylactic packets. Are you in favour of that or not?—I am not. Might I add, always on condition that undue difficulties are not put in the way of selling the materials?

58. That is possible as the Act stands at present?—Yes.

59. Do you suggest that it is possible to avoid infection if certain self-disinfection takes place within twelve hours of exposure? Is that your opinion now? I have gathered that opinion is modified as to the length of time subsequent to exposure to infection when self-disinfection is effective?—This leaflet is prepared by a body of very distinguished gentlemen, and in the absence of evidence of any other kind in regard to measures to be taken, one accepts that, but this does not say that it is safe within twelve hours.

60. It is a suggestion that up to twelve hours some use may follow from the adoption of self-disinfection?—I do not wish to accuse or excuse the leaflet. What I think it implies is, that it is desirable to adopt precautions up to the end of twelve hours. I do not think you can read more into it than that.

61. Have you formed any opinion as to how often alcohol causes indulgence in promiscuous intercourse?—I have not. I have seen evidence that promiscuous intercourse has been widely indulged in without any use of alcohol. I therefore do not think it necessary to say anything about that matter. You see we are dealing with all classes. It is quite true that men are grossly careless who have indulged in an excess of alcohol, and I have no doubt that quantities of alcohol short of that have the effect of diminishing the inhibitive power, but it is also true that very large numbers of men indulge in sexual intercourse without alcohol at all, and, in fact, though alcohol removes inhibition upon sexual intercourse, it also diminishes the act, and it cuts both ways, I think.

62. It diminishes the performance, but it does not necessarily diminish the act of connection?—I should have thought that it did. When people are actually drunk, I should think it did.

63. We have had evidence to show that twenty per cent. of the

people who contracted venereal disease said that they were too drunk to know what they were doing. Those were military cases. It rather militates against your contention?—That is not a statement you can rely upon.

64. It is an official statement?—It is an official statement that the man said that, it is not an official statement of what the man actually did.

65. You do not agree with it?—It is open to doubt.

66. You say that purity of life does not mean protection. Surely you agree that if the husband has been unfaithful and the wife is infected, that does not take away from the truth of the statement that purity of life is safe?—It does not protect.

67. If the husband had practised purity of life there would have been no infection?—It is open to misunderstanding. I do not know that I could go further. It is the fact, and I think that was the point which should be emphasised. I think now it has been probably emphasised in the wrong way, but it is a fact.

68. On page 5 of your report you refer to Sir Archdall Reid's results. That was due to the influence of Sir Archdall on the men. There is no reason why the same influence should not be exerted in civil life, is there?—I do not know whether you are going to appoint people specially for that purpose. All I had in my mind was a sufficiently earnest and clear instruction to exercise that influence.

69. Is that likely to be as effective as personal attention? It was given by Sir Archdall Reid to the men under his control in the military station?—As I understand Sir Archdall's statement, all he did was to furnish to the men these materials, and he told them how to use them. He is not speaking of the use of an Early Treatment Centre.

70. No, he said to the men, "If I cannot keep you straight I will keep you clean, I will not have you bringing this beastly infection into barracks." He gave instructions to every man joining the station. How can you get the same personal control in civil life as you suggest in your paper?—By properly distributed advice how to act. I think that when the dangers are fairly set before the public, and properly drawn-up advice is given to them, that will exercise quite as much influence as Sir Archdall Reid exercised over his men. It was not against the interest of some of the men to contract venereal disease, but it is very much against the interest of men in civil life to contract venereal disease.

71. How are you going to deal with the female sex with regard to this matter? I see you suggest a ritual of cleanliness. Do you not think it can best be brought about by education in its broadest sense, education in schools before leaving?—No, I do not think so. I do not agree with that at all.

72. How are you going to spread abroad this suggestion of ritual of hygiene?—I merely throw it out as a suggestion. You see I am relying upon gentlemen like Dr. Routh to work out the suggestion. I see the difficulties quite plainly, but I think that it would remove a great deal of odium from this question if something of the kind could be brought about.

73. THE PRESIDENT. You would not have the ritual taught in the schools?—Oh, dear, no.

74. DR. HILL. Are you in favour of the provision of controlled houses for women where prophylaxis should be encouraged and taught?—I have not thought of it.

75. Do you consider it is desirable that controlled houses should be provided for women, no doubt prostitutes many of them, so as to encourage prophylaxis and to teach them the methods of prophylactic treatment?—I have not thought of that question. It is not one upon which I should like to pronounce an opinion. I think there are considerable difficulties encircling that.

76. THE PRESIDENT (to Dr. Hill). Controlled houses where many of the people would be prostitutes? What are the others going to be?—In the *maisons tolérées* in France there are no others.

77. DR. HILL. The matter has arisen already?—WITNESS. I am not sure that it is not outside my region.

78. Can you tell me how many leaflets have been applied for at the Health Department as a result of the publication of your poster? You say, up to a certain time about two a day. Has that number increased?—Not to my knowledge.

79. Does not that suggest that in most instances promiscuous intercourse is not premeditated, or else, where premeditated, preventive measures are already procured, or are not worried about? The fact that such a small number of people have taken any notice of your poster and have applied for instruction suggests to me that much of it is unpremeditated at the time prior to immoral intercourse, or else those who do premeditate it know the direction and the proceedings to prevent infection, and therefore have no need to apply?—One can draw no inference of that description.

80. Are you not surprised?—Yes. I do not think it implies very much. There is an alternative, which may be more agreeable, that they write to the Society for the Prevention of Venereal Disease.

81. Have you obtained any information as to how many of those applications have come from Manchester?—No, I have no information on that subject, but I might further point out that there are large numbers of men returning from the Army who have knowledge of these matters.

82. Are you in favour of propaganda work, educational work by lectures, by trained medical men in your town?—Oh yes, of course.

83. Where those lectures are properly given the result has been in many districts a very large increased number of attendances at the Treatment Centres?—I have no doubt whatever that the lectures given by medical men in Manchester have had the effect of increasing the attendance at the Venereal Disease Centres; as a matter of fact the numbers have immensely increased during the last year.

84. Does not that suggest that proper moral educational work in large centres of population is probably more effective than your poster?—I have already said that I do not think your inference is at all justified. I point out that the men returning

from abroad are well versed in all these matters, and no doubt there is a good deal of information going from one person to another through the general population. If it is possible to give that direction precisely, instead of having it passed in an inaccurate shape from one person to another, I think it is desirable that that should be done, provided you give directions which would mean a real measure of prevention.

85. DR. PRITCHARD. I think I understood you to say that abluion centres were in operation in Manchester six months?—That is so.

86. Has this experiment been tried elsewhere amongst the civil population?—I am not aware of it.

87. So that it is a very important experiment?—It is going to be a very important and crucial experiment.

88. You have, I suppose, some statistics of the results of this?—I have.

89. Can you let us have any idea what numbers avail themselves of this opportunity, and the number of centres that are open?—The number who were recently exposed to infection, and treated, were 1519 at one centre over a period of six months.

90. How many centres are open?—Two are open now; there was only one originally.

91. Have you any records at all of the results of these ablutions?—No. I have no record of the results further than this, that in eight instances evidence has been obtained from persons so treated that they have had connection with women at the same time as other people, and the others contracted the disease while they escaped. There are only eight cases, and however valuable that evidence may be as instances accumulate, eight cases, I admit, is not sufficient to found an absolute conclusion upon.*

92. DR. BOND. It would be valuable to the Commission if you could put in the figures?—This is a report to the Ministry of Health, and I will be pleased to hand in the statement.

(Statement made by Dr. Allan Young, on the working of the Early Treatment Centre at Great Bridgewater Street, Manchester, was handed in by the witness and appears below. It forms part of Dr. Niven's evidence.)

REPORT MADE BY DR. W. ALLAN YOUNG ON THE WORKING OF THE EARLY TREATMENT CENTRE AT GREAT BRIDGEWATER STREET, MANCHESTER

*Public Health Office, Manchester,
November, 6 1920.*

VENEREAL DISEASES EARLY TREATMENT CENTRE AT GREAT BRIDGEWATER STREET

This centre was opened on December 15, 1919.

On March 22, 1920, a report was issued showing the first three months' work of the centre.

* The data relating to these eight cases were asked for, and appear at the end of the Evidence, p. 78.

During that three months 708 persons received treatment, and 117 were refused treatment and referred to Treatment Clinics in the city, as they were suspected to be suffering from venereal disease.

The following statement shows the work done at the centre from March 16 to September 30, 1920 :—

TABLE SHOWING WEEK BY WEEK THE NUMBER OF PERSONS WHO RECEIVED TREATMENT, THE NUMBER REFUSED TREATMENT AND REFERRED TO TREATMENT CENTRES, ETC.

| Week or Part of Week Ending | Recently exposed to Infection and Treated. | Referred to Treatment Clinics. | Inquiries and Explanations. | Total. |
|-----------------------------|--|--------------------------------|-----------------------------|--------|
| 18.3.20* | 27 | 4 | 11 | 42 |
| 25.3.20 | 63 | 10 | 33 | 106 |
| 1.4.20 | 57 | 9 | 27 | 93 |
| 8.4.20 | 52 | 8 | 29 | 89 |
| 15.4.20 | 54 | 11 | 30 | 95 |
| 22.4.20 | 47 | 7 | 18 | 72 |
| 29.4.20 | 70 | 15 | 29 | 114 |
| 6.5.20 | 54 | 12 | 24 | 90 |
| 13.5.20 | 49 | 11 | 25 | 85 |
| 20.5.20 | 41 | 13 | 23 | 77 |
| 27.5.20 | 31 | 7 | 14 | 52 |
| 3.6.20 | 53 | 13 | 18 | 84 |
| 10.6.20 | 51 | 9 | 32 | 92 |
| 17.6.20 | 44 | 6 | 19 | 69 |
| 24.6.20 | 53 | 10 | 19 | 82 |
| 1.7.20 | 56 | 10 | 23 | 89 |
| 8.7.20 | 52 | 20 | 53 | 125 |
| 15.7.20 | 61 | 16 | 26 | 103 |
| 22.7.20 | 52 | 11 | 24 | 87 |
| 29.7.20 | 60 | 11 | 29 | 100 |
| 5.8.20 | 53 | 14 | 16 | 83 |
| 12.8.20 | 38 | 10 | 9 | 57 |
| 19.8.20 | 69 | 7 | 11 | 87 |
| 26.8.20 | 82 | 6 | 11 | 99 |
| 2.9.20 | 59 | 7 | 5 | 71 |
| 9.9.20 | 62 | 6 | 7 | 75 |
| 16.9.20 | 42 | 5 | 15 | 62 |
| 23.9.20 | 38 | 9 | 18 | 65 |
| 30.9.20 | 49 | 5 | 27 | 81 |
| | 1,519 | 282 | 625 | 2,426 |

* Three days.

Since September 1, 1920, the Early Treatment Centre at the Victoria Street public convenience has been open to the public.

During the six months 1519 persons received treatment, and 282 were refused treatment and referred to Treatment Clinics in the city—sixty because they presented themselves for treatment

after an interval of over twelve hours had elapsed since exposure, and 222 because they showed signs of possible infection.

On the 1519 occasions when treatment was carried out, the length of time intervening between exposure to infection and the time of treatment has been examined, and they have been classified as follows :—

| | Number. | Per cent. |
|--|-------------|------------|
| Treatment given within three hours after exposure | 1318 | 86·77 |
| Treatment given between three and six hours after exposure | 82 | 5·40 |
| Treatment given six hours or over after exposure | 119 | 7·83 |
| | <u>1519</u> | <u>100</u> |

Since April 1 treatment has been refused if the interval was over twelve hours, but on these occasions (sixty in number) the patients were then instructed to keep a sharp look out for any signs of disease, and to immediately seek medical advice should anything unusual be noticed.

All persons presenting themselves for treatment after an interval of from two to twelve hours are urged, in addition to receiving treatment, to watch carefully for any signs of disease.

Since the opening of the Centre in December 1919 we have fairly conclusive evidence that in eight cases exposed to definite infection the treatment prevented any disease developing.

The expenditure incurred has been :—

(A) INITIAL COST.

| | £ | s. | d. |
|--------------------------------------|-----------|----------|----------|
| Alterations, etc. | 17 | 10 | 9 |
| Equipment, instruments, etc. | 3 | 16 | 5 |
| | <u>21</u> | <u>7</u> | <u>2</u> |

(B) MAINTENANCE.

| | | | |
|--|------|----|---|
| (1) Estimated maintenance for one year, less | | | |
| cost of replacing drugs | £345 | 0 | 0 |
| Six months | £172 | 10 | 0 |

The maintenance sum of £345 is made up of the following items :—

| | £ | s. | d. |
|----------------------------------|------------|----------|----------|
| Wages and bonus | 261 | 0 | 0 |
| Loss of receipts | 48 | 0 | 0 |
| Extra cost of lighting | 26 | 0 | 0 |
| Attendants' clothing | 8 | 0 | 0 |
| Extra water | 2 | 0 | 0 |
| | <u>345</u> | <u>0</u> | <u>0</u> |

Since the last report (March 22, 1920) the estimated maintenance for one year, less cost of drugs, has gone up from £278 to £345, owing to the increase of wages and bonus.

| | £ | s. | d. |
|--|------------|-----------|----------|
| Brought forward | 172 | 10 | 0 |
| (2) Cost of drugs used, for treatment of 1519 cases, approximately | 7 | 6 | 6 |
| | <u>179</u> | <u>16</u> | <u>6</u> |

Excluding the initial cost of £21, the cost per treatment (1519 cases) works out at :—

| | |
|-------|----------------------------|
| | 1.15 drugs |
| | 27.25 maintenance |
| Total | 28.40 (2s. 4½d. per case). |

Seventy-five per cent. of the total cost will be paid by the State.

The experiment continues to prove :—

(1) That a certain number of men will not only come for early treatment, but will come within a reasonably short time after exposure to infection.

(2) That this is evidently a useful means of preventing the spread of venereal disease.

W. ALLAN YOUNG
(*Assistant to the Medical
Officer of Health*)

94. DR. PRITCHARD. Do you think the notification of ophthalmia neonatorum in infants is a reliable gauge of the amount of venereal disease at any time or in any district?—I thought it was one of the best indices that we have. It is so difficult to get something which is not open to other interpretations. If all these cases were gonorrhoeal ophthalmia—I think it may be taken that nearly all the cases were gonorrhoeal ophthalmia—then it is very valuable as an index of the incidence of gonorrhoea upon the population. I am authorised by Dr. Lapage, Physician to the Manchester Children's Hospital, to give it as his impression that the number of cases of congenital syphilis coming to the out-patient department for treatment have greatly increased in the last two or three years.

95. It does not agree with the information from the Welfare Centres in London?—May I explain how the figures were arrived at? Each case sheet was carefully gone over, and the cases held to be undoubtedly ophthalmia neonatorum were separated from those which were not believed to be of that nature. You see, those cases are cases of ophthalmia neonatorum notified by medical practitioners divided up after consideration of the reports of the eye nurses, but I have here the original analysis, showing the

incidence when they were not so divided, and that can be handed in for comparison if required.

96. I asked that question because I have had experience of Welfare Centres, and I have had a very large number of cases of ophthalmia neonatorum through my hands, but I have not yet had a single case through my hands that has been notified. Therefore I attach no importance to the statistics that are derived, at any rate so far as London is concerned, from the notification of ophthalmia neonatorum?—This has nothing to do with Welfare Centres. These are cases of ophthalmia neonatorum notified by medical practitioners throughout the city. It has nothing to do with the Infant Welfare Centres.*

97. The infants who come to the centres have all gone through the hands of a midwife or a doctor, and if they have had or have ophthalmia neonatorum that should have been notified. These children, or some of them, come to the Welfare Centres, and I have not come across a single case that has been notified. Therefore I do not believe, as far as London is concerned, that the notification figures are of any value?—I believe that ophthalmia neonatorum is very well notified in Manchester.

98. It is not in London?—I am confident that it is very well notified in Manchester. I cannot say that there are no escapes. But I feel sure that we get most of the cases.

99. That is not the experience of medical men, certainly not in London. There is no reliance to be placed on the figures, especially when there are large numbers of privileged cases who have got the disease and they are sheltered?—There is other evidence. I have not got it here, but it can easily be sent, but there is the evidence of the blind children, and we have not one in every year. That makes it likely that the large numbers of cases of ophthalmia neonatorum notified probably do not fall short of the numbers occurring. Surely that is good evidence that the disease is well notified.†

100. I have a large number of blind children passing through my hands, and I invariably ask the question, Has this case been notified? And it is the rarest thing in the world to come across a case that has been notified?—I can do no more than point out to you that we do have that very small number of blind children, and a large number of notifications. That is surely strong presumption that the disease is well notified.

101. DR. AMAND ROUTH. Who notifies?—The medical practitioner.

102. The parent may be ignorant of the fact of the notification?—Yes, the medical man or the midwife notifies, but the notifications here considered were all made by medical practitioners, true cases notified by midwives being subsequently notified by practitioners.

103. The parents need not necessarily know?—That is not the

* We have no similar experience in Manchester. We have had no cases of ophthalmia neonatorum at our Maternity and Child Welfare Centres which had not been notified and treated.

† See list of blind cases, Appendix II.

case in Manchester, because every case notified is visited by the eye nurses, who instruct the mothers by actual manipulation how to treat the disease.

104. DR. CHARLES GIBBS. Do you not think that the illegitimate children are more often than not born in an institution?—Of course there are large numbers of illegitimate children born in the union hospitals, and a large number of births occur in St. Mary's Hospital.

105. And is it not a fact that in these institutions silver nitrate is used universally, and would not that explain the incidence of gonorrhœal ophthalmia in the legitimate?—In the hospital you have the children under constant care and attention and observation, and you get better results there than in the general population.

106. DR. DUNNETT. Are your Early Treatment Centres for women?—There is no Early Treatment Centre for women. There is an Auxiliary Centre for women, but not an Early Treatment Centre.

107. Is that well attended?—No, it is not. It hung fire for some time altogether, but the numbers have now increased. Women will not go either to the Auxiliary Centre or to the Treatment Clinical Centres in anything like the proportion that men will. That, of course, is one of the great difficulties of the position. There is also another difficulty, they do not know when they have got gonorrhœa.

108. We shall not get rid of the disease until we treat all the sufferers, shall we? Do you think we shall have some treatment for both sexes?—If you can devise some means by which men can be prevented from acquiring venereal disease, and when that knowledge becomes widely diffused, of course venereal disease will go down, that is evident.

109. There is a means, Dr. Niven?—That is quite true that the persistence of the disease in women is a very great difficulty, but it is also true that it will go down in spite of that if you can protect the man.

110. SIR HUMPHRY DAVY ROLLESTON. You say that self-disinfection is at the root of the whole question, that vice is not being encouraged, and that it is being no more encouraged than it is by the Early Treatment Centres or Public Clinics. That seems to me to be a very important statement, because there are people who feel that early treatment is justified, but that providing a person with means to self-disinfect is likely to encourage vice?—But I do not advocate providing the means to self-disinfect. My position is that the knowledge should be accessible.

111. THE PRESIDENT. The knowledge should be obtainable, but the person must make an individual application in order to get it, throwing the moral onus upon the individual?—That is my position.

112. At any rate you do not think there is any difference, as regards encouragement to vice, between providing the person with early treatment and providing him with the information as to how he may disinfect himself if he asks for it?—If he asks for it. It

may be perversion on my part, but I cannot see that there is any real difference between them, always understanding that you make a man apply for it.

113. And would you be strongly in favour of applying these methods?—Certainly.

114. That is one of the most important points we have to deal with. There is no difference between the two as regards the increase of vice. I understand the Ministry of Health do not agree with it?—I am quite aware of that.

I do not think the matter has been put before the Ministry of Health in this way. We shall have to consider most carefully the provision of knowledge. The accessibility to knowledge if you apply for it yourself is one thing, and giving to everybody promiscuously packets is quite another thing. I think Dr. Niven's position is quite different from the position taken up by some people. I think we shall have to consider carefully this matter.

DR. ROUTH. Surely putting up the poster where boys and others could see it is not waiting till they asked for it. It is giving the information.

DR. GIBBS. My own son once asked me in a public convenience, "What are these diseases we are bound to have?"

THE PRESIDENT. The putting up of these things in the lavatories is not a thing which he necessarily advocates.

115. DR. GARVIE. The knowledge should be accessible. You indicate that you think that an education of the dangers would act as a deterrent to vice rather than as an encouragement. May I ask if, along with the intimation of the danger, there is information given as to how the danger may be avoided—then it does seem to me that the deterrent effect of the knowledge of the danger is largely removed?—I should like to make my position clear. I think you will always have a great number of people who will have promiscuous intercourse, and that if there is going to be a deterrent influence at all, the fact that they have to go through all that trouble and pains in order to protect themselves will act as a deterrent. Also, inasmuch as preventive measures will be used, clear and precise instructions should be available.

116. Might check a sudden impulse?—Yes.

APPENDIX A

TABLE I

Note.—This table corresponds to Appendix A, Table III.

1915-1919.—CASES OF OPHTHALMIA NEONATORUM NOTIFIED BY MEDICAL PRACTITIONERS, DIVIDED INTO TRUE OPHTHALMIA NEONATORUM AND OTHERS, AFTER CAREFUL CONSIDERATION OF EACH CASE BY DR. M. DOUGLAS DRUMMOND.

| | Notified Cases. | Legitimate. | | Illegitimate. | | Total. | |
|------|-----------------|-------------|---------------------|---------------|-----------------------|--------|--------------|
| | | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Births. |
| 1915 | True cases . | 307 | 1.93 | 22 | 3.10 | 329 | 1.98 |
| | Others . | 82 | 0.52 | 3 | 0.42 | 85 | 0.51 |
| | Total . | 389 | 2.45 | 25 | 3.52 | 414 | 2.49 |
| 1916 | True cases . | 252 | 1.69 | 14 | 2.07 | 266 | 1.71 |
| | Others . | 112 | 0.75 | 1 | 0.15 | 113 | 0.73 |
| | Total . | 364 | 2.44 | 15 | 2.22 | 379 | 2.44 |
| 1917 | True cases . | 226 | 1.76 | 19 | 2.55 | 245 | 1.91 |
| | Others . | 67 | 0.52 | 3 | 0.40 | 70 | 0.55 |
| | Total . | 293 | 2.28 | 22 | 2.95 | 315 | 2.46 |
| 1918 | True cases . | 197 | 1.64 | 12 | 1.37 | 209 | 1.62 |
| | Others . | 96 | 0.80 | 2 | 0.23 | 98 | 0.76 |
| | Total . | 293 | 2.44 | 14 | 1.60 | 307 | 2.38 |
| 1919 | True cases . | 163 | 1.26 | 10 | 1.05 | 173 | 1.24 |
| | Others . | 167 | 1.29 | 4 | 0.42 | 171 | 1.22 |
| | Total . | 330 | 2.55 | 14 | 1.47 | 344 | 2.46 |

TABLE III (page 9 of Evidence)

CITY OF MANCHESTER.—NOTIFIED CASES OF TRUE OPHTHALMIA NEONATORUM AND NOTIFIED CASES FOUND NOT TO BE TRUE OPHTHALMIA NEONATORUM. ALSO NON-NOTIFIED CASES OF CONJUNCTIVITIS. CLASSIFIED ACCORDING TO THE LEGITIMACY OF THE INFANT

| Disease. | 1915. | | | | 1916. | | | | 1917. | | | | 1918. | | | | 1919. | | | | First six months 1920. | | | |
|--|---------------|---------------------|-----------------|-----------------------|---------------|---------------------|-----------------|-----------------------|---------------|---------------------|-----------------|-----------------------|---------------|---------------------|-----------------|-----------------------|---------------|---------------------|-----------------|-----------------------|------------------------|---------------------|-----------------|-----------------------|
| | Legiti- mate. | | Illegiti- mate. | | Legiti- mate. | | Illegiti- mate. | | Legiti- mate. | | Illegiti- mate. | | Legiti- mate. | | Illegiti- mate. | | Legiti- mate. | | Illegiti- mate. | | Legiti- mate. | | Illegiti- mate. | |
| | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Legit. Births. | Total. | % to Illegit. Births. |
| Notified { True Ophthalmia Neonatorum: | 307 | 1.03 | 22 | 3.10 | 252 | 1.69 | 14 | 2.07 | 226 | 1.87 | 19 | 2.55 | 197 | 1.64 | 12 | 1.37 | 163 | 1.26 | 10 | 1.05 | 219 | 2.17 | 8 | 1.53 |
| Not { Other than O. N.: | 82 | 0.32 | 3 | 0.42 | 112 | 0.75 | 1 | 0.15 | 67 | 0.55 | 3 | 0.40 | 96 | 0.80 | 2 | 0.23 | 167 | 1.29 | 4 | 0.42 | 96 | 0.95 | 4 | 0.76 |
| Notified { Conjunctivitis . | 222 | 1.40 | 6 | 0.85 | 233 | 1.56 | 8 | 1.18 | 218 | 1.80 | 6 | 0.81 | 256 | 2.13 | 4 | 0.46 | 349 | 2.69 | 5 | 0.53 | 174 | 1.73 | 1 | 0.19 |
| Total | 611 | 3.85 | 31 | 4.37 | 597 | 4.00 | 23 | 3.40 | 511 | 4.22 | 28 | 3.76 | 549 | 4.57 | 18 | 2.06 | 679 | 5.24 | 19 | 2.00 | 489 | 4.85 | 13 | 2.43 |
| Births | 15,895 | | 709 | | 14,893 | | 677 | | 12,096 | | 745 | | 12,034 | | 877 | | 12,980 | | 952 | | 10,078 | | 524 | |

| Disease. | LEGITIMATE. | | | | ILLEGITIMATE. | | | |
|---------------------------------------|-------------|---------------------|------------|---------------------|---------------|-----------------------|------------|-----------------------|
| | 1911-1914. | | 1915-1919. | | 1911-1914. | | 1915-1919. | |
| | Total. | % to Legit. Births. | Total. | % to Legit. Births. | Total. | % to Illegit. Births. | Total. | % to Illegit. Births. |
| Notified { True Ophthalmia Neonatorum | 1645 | 2.30 | 1145 | 1.69 | 46 | 1.49 | 77 | 1.94 |
| Cases { Other than O. N. . . . | 742 | 1.04 | 524 | 0.77 | 13 | 0.33 | 13 | 0.33 |
| Not Notified Conjunctivitis | 2387 | 3.34 | 1278 | 1.83 | 59 | 0.42 | 29 | 0.73 |
| Total | | | 2947 | 4.34 | 119 | 1.91 | 119 | 3.00 |

Percentage of Illegitimate Births to Total Births.

| | |
|----------------|-----|
| 1911 | 4.2 |
| 1912 | 4.1 |
| 1913 | 4.0 |
| 1914 | 4.2 |
| 1915 | 4.3 |
| 1916 | 4.3 |
| 1917 | 5.8 |
| 1918 | 6.8 |
| 1919 | 6.8 |

APPENDIX B

CASES OF BLINDNESS. (SEE APPENDIX A, TABLE II.)

CITY OF MANCHESTER

RESULTS OF TRUE CASES OF OPHTHALMIA NEONATORUM

| Year. | Complete recovery. | One eye lost, other normal. | One eye lost, other damaged. | Both eyes lost (blind). | Both eyes damaged. | One eye damaged. | Death before recovery. | Removed before recovery. | Total. |
|-------------------------|--------------------|-----------------------------|------------------------------|-------------------------|--------------------|------------------|------------------------|--------------------------|--------|
| 1911 | 431 | 3 | 1 | 1 | 2 | — | 5 | — | 443 |
| 1912 | 491 | 1 | — | 1 | 4 | 2 | 4 | — | 503 |
| 1913 | 317 | 3 | 1 | 2 | — | 1 | 7 | — | 331 |
| 1914 | 400 | 3 | — | — | — | — | 11 | — | 414 |
| 1915 | 410 | 1 | — | — | — | — | 3 | — | 414 |
| 1916 | 360 | 2 | — | 1 | — | — | 16 | — | 379 |
| 1917 | 298 | 3 | 1 | — | — | 2 | 7 | 4 | 315 |
| 1918 | 300 | — | 1 | 1 | — | 1 | 3 | 1 | 307 |
| 1919 | 340 | — | — | 1 | — | 2 | 1 | — | 344 |
| Total (9 years) | 3,347 | 16 | 4 | 7 | 6 | 8 | 57 | 5 | 3,450 |
| CASES OF CONJUNCTIVITIS | | | | | | | | | |
| 1911 | 82 | — | — | — | — | — | — | — | 82 |
| 1912 | 164 | — | — | — | — | — | — | — | 164 |
| 1913 | 238 | — | — | — | — | — | 4 | — | 242 |
| 1914 | 260 | 4 | — | 1 | 1 | — | 1 | — | 267 |
| 1915 | 223 | 1 | — | 1 | 2 | 1 | — | — | 228 |
| 1916 | 236 | — | — | — | — | — | 5 | — | 241 |
| 1917 | 219 | — | — | — | — | — | 3 | 2 | 224 |
| 1918 | 260 | — | — | — | — | — | — | — | 260 |
| 1919 | 354 | — | — | — | — | — | — | — | 354 |
| Total (9 years) | 2,036 | 5 | — | 2 | 3 | 1 | 13 | 2 | 2,062 |

APPENDIX C

Present directions posted up where men are under treatment:—

A

Copy of Notice

**DIRECTIONS FOR EARLY TREATMENT, TO BE APPLIED
AS SOON AFTER EXPOSURE TO RISK OF INFECTION
FROM VENEREAL DISEASE AS POSSIBLE**

(See page 62 of Evidence)

Step 1. Patient to pass water.

- „ 2. Wash penis, scrotum (or testicle-bag) and surrounding area of skin with soap and water. Dry.
- „ 3. Bathe the above-mentioned parts with 1 in 4000 *perchloride of mercury*, which is supplied, taking care to cleanse thoroughly all of the skin under the prepuce (foreskin), which should be drawn back for this purpose.
- „ 4. Put on the rubber apron supplied, passing the penis through the hole in the centre of the apron.
- „ 5. (a) Grasp the penis in the left hand, with the thumb on the top and the fingers below.
(b) Release the clip on the rubber tube leading from the douche can.
(c) Take the nozzle at the end of the rubber tube in the right hand, and with the first finger kink the rubber tube over the base of the nozzle so as to control the flow.
(d) Direct the nozzle of the “meatus” or “mouth of the pipe” in such a manner that the flow is directed along the pipe.
(e) Allow the fluid to flow gently into the pipe (*the fluid potassium permanganate*) strength 1 in 3000.
(f) Before the urethra or “pipe” has become distended the flow is stopped by kinking the tube as before, the nozzle is removed and the injected solution is allowed to flow out again. *This is repeated two or three times, thus washing out the urethra or pipe in sections.*
(g) Now place the nozzle in the pipe again and allow further flow. As soon as the pipe feels comfortably tight—that is, slightly distended—the solution is allowed to escape by withdrawing the nozzle. *This is repeated several times.*
- „ 6. Dry the penis, etc., with a swab.
- „ 7. (a) Rub the ointment which is supplied *well into the skin of the glans penis* (knob at the end of the penis), paying particular attention to the skin connecting

this part of the penis with the foreskin, and the foreskin itself.

- (b) Rub some of the ointment into the skin of the scrotum (or testicle-bag) at the base of the penis.
- (c) If any tears of the skin exist, or if there are bruised or abraded surfaces, great care must be taken to ensure that they are well treated with the ointment.
- (d) Carefully separate the lips of the "meatus" or opening of the pipe, and insert a little of the ointment, endeavouring to squeeze some of this into the pipe, repeat this operation till you are certain that some of the ointment has reached the inside of the pipe.

It is essential that the surface of the whole penis be thoroughly treated with the ointment and that it be well rubbed in. At least three or four minutes ought to be given to this process.

Step 8. Wrap the penis round with a piece of lint to protect the clothes.

NOTE.—Careful watch must be kept for any signs of disease, and if anything unusual is noticed a doctor must be consulted at once.

The longer you delay commencing treatment the longer will be the course of treatment required, and you will even endanger the prospect of a cure.

EARLY SIGNS OF GONORRHOEA

- (1) After one or two days there is usually slight *itching* and *uneasiness* at the opening of the "pipe."
- (2) A little moisture appears at the opening of the pipe, and this, within a day or two, becomes more profuse, and later thick and yellowish in colour.
- (3) There is about this time a burning pain in the pipe, especially marked on passing water.

EARLY SIGNS OF SYPHILIS

- (1) After a period varying from fourteen days to a month, or longer, a small "pimple" or raised spot may show itself at the point where the poison entered the system, and this may be on any part of the body exposed to infection.

The commonest sites are : (1) the furrow behind the knob of the penis ; (2) the foreskin ; (3) on the knob itself.

- (2) This little pimple enlarges and becomes hard and later ulcerates. There is usually no pain unless the sore is irritated.
- (3) As a rule the general health declines and the patient feels out of sorts.

Modified directions proposed to be put up, omitting drugs and their strength:—

B

Copy of Notice

**DIRECTIONS FOR EARLY TREATMENT TO BE APPLIED
AS SOON AFTER EXPOSURE TO RISK OF INFECTION
FROM VENEREAL DISEASE AS POSSIBLE**

(See page 62 of Evidence)

Step 1. Patient to pass water.

- „ 2. Wash penis, scrotum (or testicle-bag) and surrounding area of skin with soap and water. Dry.
- „ 3. Bathe the above-mentioned parts with the solution which is supplied in the basin, taking care to cleanse thoroughly all of the skin under the prepuce (foreskin), which should be drawn back for this purpose.
- „ 4. Put on the rubber apron supplied, passing the penis through the hole in the centre of the apron.
- „ 5. (a) Grasp the penis in the left hand, with the thumb on the top and the fingers below.
- (b) Release the clip on the rubber tube leading from the douche can.
- (c) Take the nozzle at the end of the rubber tube in the right hand, and with the first finger kink the rubber tube over the base of the nozzle so as to control the flow.
- (d) Direct the nozzle of the “meatus” or “mouth of the pipe” in such a manner that the flow is directed along the pipe
- (e) Allow the fluid to flow gently into the pipe.
- (f) Before the urethra or “pipe” has become distended the flow is stopped by kinking the tube as before, the nozzle is removed and the injected solution is allowed to flow out again. *This is repeated two or three times, thus washing out the urethra or pipe in sections.*
- (g) Now place the nozzle in the pipe again and allow further flow. As soon as the pipe feels comfortably tight—that is, slightly distended—the solution is allowed to escape by withdrawing the nozzle. *This is repeated several times.*
- „ 6. Dry the penis, etc., with a swab.
- „ 7. (a) Rub the ointment which is supplied *well into the skin of the glans penis* (knob at the end of the penis), paying particular attention to the skin connecting this part of the penis with the foreskin, and the foreskin itself.
- (b) Rub some of the ointment into the skin of the scrotum (or testicle-bag) at the base of the penis.

- (c) If any tears of the skin exist, or if there are bruised or abraded surfaces, great care must be taken to ensure that they are well treated with the ointment.
- (d) Carefully separate the lips of the "meatus" or opening of the pipe, and insert a little of the ointment, endeavouring to squeeze some of this into the pipe, repeat this operation till you are certain that some of the ointment has reached the inside of the pipe.

It is essential that the surface of the whole penis be thoroughly treated with the ointment and that it be well rubbed in. At least three or four minutes ought to be given to this process.

Step 8. Wrap the penis round with a piece of lint to protect the clothes.

NOTE.—Careful watch must be kept for any signs of disease, and if anything unusual is noticed a doctor must be consulted at once.

The longer you delay commencing treatment, the longer will be the course of treatment required, and you will even endanger the prospect of a cure.

EARLY SIGNS OF GONORRHEA

- (1) After one or two days there is usually slight *itching* and *uneasiness* at the opening of the "pipe."
- (2) A little moisture appears at the opening of the pipe, and this, within a day or two, becomes more profuse and later thick and yellowish in colour.
- (3) There is about this time a burning pain in the pipe, especially marked on passing water.

EARLY SIGNS OF SYPHILIS

- (1) After a period varying from fourteen days to a month, or longer, a small "pimple" or raised spot may show itself at the point where the poison entered the system, and this may be on any part of the body exposed to infection.

The commonest sites are : (1) the furrow behind the knob of the penis ; (2) the foreskin ; (3) on the knob itself.

- (2) This little pimple enlarges and becomes hard, and later ulcerates. There is usually no pain unless the sore is irritated.
- (3) As a rule the general health declines and the patient feels out of sorts.

PUBLIC HEALTH OFFICE, MANCHESTER

November 8, 1920

(See page 62 of Evidence)

The following are submitted as assisting to prove the success of the Early Treatment Centre :—

Case 1. A and B had intercourse with X the same night. A came for treatment, B did not. B met A seven days later and stated that he had gonorrhœa. (Statement made by A when coming again for treatment.)

Case 2. A and B had intercourse with X the same night. A came for treatment, B did not. B met A five days later and stated that he had gonorrhœa. (Statement by A on coming for "wash and brush up.")

Case 3. A, B and C had intercourse with X the same night. A came for treatment, B and C did not. Seven days later A learned that both B and C had gonorrhœa. (Statement by A on coming to express gratitude.)

Case 4. A, B and C had intercourse with X. A and C came for treatment, B did not. Five days later B developed gonorrhœa, without being again exposed to infection. (Statement made by A when he accompanied a friend, D, for treatment. He did not then require treatment himself.)

Case 5. A and B had intercourse with X the same night. A came for treatment, B did not. Three weeks later B developed syphilis. (Statement made by B when he came for treatment after being cured and again exposed to infection.)

Case 6. A and B had intercourse with X the same night. B came for treatment, A did not. Four days later A developed gonorrhœa. (Statement made by A when he came for a wash and brush up.)

Case 7. A and B had intercourse with X the same night. A came for treatment, B did not. A also had intercourse with Y. Two days later B developed gonorrhœa. (Statement made by A on coming for treatment after further exposure.)

Case 8. A, B and C had intercourse with X the same night. C had never had intercourse before, but had been tempted into the act by A, B and X. Owing to being frightened he came for treatment unknown to A and B. He learned some days afterwards that A, B and X had gonorrhœa. (Statement made on coming to express gratitude.)

STATEMENT OF MISS ETTIE ANNIE ROUT
(MRS. HORNIBROOK)

New Zealand Official Reporter and War-worker

Question 1. Answer.—The health aspect is a medical question, and I am only a laywoman; but my own observation leads me to believe that total sexual abstinence for prolonged periods is impracticable for the majority of men and for a large number of women.

Question 2. Answer.—Self-disinfection gives the best results because it is simpler, quieter and more popular, although possibly not quite so reliable as skilled disinfection. As a fact, the delayed disinfection given in the Centres is often the reverse of “skilled,” and the person would therefore be just as “safe” as a result of his own precautions. Venereal Clinics give “hospital treatment” or “treatment for disease,” which should be relied upon *only* when we have failed to prevent infection.

Question 3. Answer.—In my experience the safest preventive method is to use some sort of clean grease before connection, and some sort of disinfecting lotion after. Infection would seldom occur if men quickly disinfected all parts, as advised by Sir Archdall Reid. We advised the men as follows: 1. Use grease beforehand. 2. Urinate *immediately* after and disinfect all parts exposed to contact. Several factors must be considered (such as length of time occupied in intercourse, etc.); sometimes the very simplest precautions ensure safety; sometimes more elaborate precautions are necessary.

Question 4. Answer.—No. However wrong irregular relationship may be, it is still “wronger” if it diseased. Cleanliness is next to godliness.

As regards the Ministry of Health.

In my judgment the Ministry of Health, as at present constituted, will be found unable and unwilling to give any reliable information or useful advice regarding prophylaxis. They know enough about the practical prevention of venereal disease to be dangerous and not enough to be sanitary. The following results have been achieved within my own knowledge:—

1. In August–September 1917, 5000 troops came to Paris on leave *without prophylaxis*. Number recorded at Paris Centre as having contracted venereal disease, 1038, that is, *twenty per cent*.

2. In November 1917–March 1918 about 25,000 troops came to Paris on leave, *with prophylaxis provided in Paris*. Infections recorded, *three per cent*.

3. In October 1918, 5000 troops came to Paris on leave, a large proportion being Anzacs, *Australian and New Zealand troops provided with portable disinfectants*, in addition to prophylaxis in medical depots. Infections recorded:—New Zealanders 0, Australians 3, English, etc. 42.

The witness put in the following statement of her Army experiences in regard to prophylaxis.

SUMMARY OF STATEMENT OF ARMY EXPERIENCES IN REGARD TO PROPHYLAXIS BY ETTIE A. ROUT

Hon. Sec. New Zealand Volunteer Sisters

(Prepared by herself)

Miss Rout stated that before the War she had some fifteen years' journalistic and official reporting experience in Australia and New Zealand, and in 1920 had married in England. Her war-work was as follows :—

1914–1915. Assisting with hospital work in New Zealand camps.
February–April 1916. Worked at Y.M.C.A. Soldiers' Club, Ezbekia Gardens, Cairo.

May–October 1916. Managing N.Z.V.S. Canteen at Tel-el-Kebir.
October–December 1916. Managing N.Z.V.S. Canteen at Kantara.
January 1917. Off duty—malaria. Came to London.

February, March and April 1917. Returned to Ismailia; opened N.Z.V.S. Club there, having handed over Kantara Canteen to Mrs. Alice Chisholm.

April 1917. Left three New Zealand women to run Ismailia Club, and returned to London for venereal disease preventive work, via Port Said.

May–October 1917. In London, advocating prophylaxis; getting New Zealand outfit officially accepted; street-work, etc.

November 1917–March 1918. Running Hornchurch Medical Club for New Zealand soldiers.

April 1918. Went to Paris. Leave to Paris closed till June. Three months' study of Paris social conditions.

June 1918. Started Social and Medical Club for soldiers on leave in Paris at Hôtel d'Ostende; began distributing outfits and directions; continued there till end of August.

September 1918. Opened larger Social and Medical Club near Gare du Nord. Continued there, working for the social and sexual welfare of men on leave to Paris, till end of April 1919.

May–June 1919. Visiting Anzac camps on Salisbury Plain, giving lectures, etc. Visited Belgium and Germany.

July 1919–March 1920. Worked at Villers Bretonneux, Somme, under American Red Cross, running Soldiers' Club for Graves Detachments, and doing general relief work in Devastated Areas.

April 1920. Concluded war-work.

As a result of these experiences the following facts had come to her knowledge :—

Failure of Moral Prophylaxis. In 1914–1915 practically no disinfecting measures were adopted, and venereal disease spread among the soldiers to a dreadful extent. In *The Daily Telegraph* of October 3, 1916, Dr. Mary Scharlieb (a member of the Royal Commission on Venereal Disease which concluded its work in February 1916) stated that “more than 50,000 men are unfit for duty owing to these diseases.” But the Royal Commission suppressed all figures after 1913.

Beginning of Medical Prophylaxis. In 1915 Colonel Sir James Barrett, then A.D.M.S. Australian Forces in Egypt, advocated prophylaxis, and reported that the “precautions taken had practically stamped the disease out” in the unit referred to. Colonel Barrett was invalided away from Egypt, the troops returned from the Dardanelles, and prophylactic efforts became lax. Venereal disease increased enormously—running up to over twenty-five per cent. per annum in some units.

Y.M.C.A., Cairo. With some fifteen to twenty New Zealand Volunteer Sisters, I worked at the Ezbekia Gardens Club for several months—till April 1916. V. D. was higher in April 1916 in Egypt than it had ever been before—in spite of our social and moral efforts. I then determined to study and advocate medical measures.

Port Said. These measures were accepted and applied by Colonel P. G. Elgood, Base Commandant, Port Said, with the result that even in that hot-bed of vice venereal disease was reduced to practically negligible rates. The medical service again became slack, and there was another outbreak at Jerusalem—again conquered by prophylaxis. Leave to publish Colonel Elgood’s report was refused.

Chelsea and Wellington Barracks. By means of prophylaxis two Scotch medical officers succeeded in reducing venereal disease some sixty per cent. in 1916–1917. Leave to publish their report was refused.

Unsuitable Prophylactics. The Australians pressed on with prophylactic measures, but were hampered by lack of experience, inadequacy of stations, unsuitable medicaments (some proved unstable, others intensely irritating; the addition of thymol led to men refusing to apply combined calomel ointment altogether). But the Australian measures generally were successful in reducing venereal disease to one per cent. or less constantly sick. To one unit of 20,000 to 22,000 Australians prophylactic measures were applied with special care, and the rate of infection was reduced as follows:—

September 1917, 0·78 per cent.; October, 0·46 per cent.; November, 0·36 per cent.

At first the “nargol outfit”—single treatment—was issued; for various reasons this had to be discarded, and among the Australians blue light outfits (calomel tubes and potassium permanganate tablets) were not freely available till 1918. The New Zealanders had the “nargol outfits” on sale in some places (not in all camps) during 1917. At the end of 1917 these were aban-

doned, and a free issue of calomel-capsule outfits, with potassium permanganate tablets, agreed upon. The potassium permanganate was often omitted—accidentally—in packing.

New Zealand Results. In 1917 the average number of men out of action through venereal infection was about 1,000; in 1918, with issue of packets, the average number was only 400.

Early Treatment Depots. The War Office issued circulars saying that packets were not approved of: the method advocated was Early Treatment Depots. The Colonial Commandants wrote and asked for the addresses of depots at various places frequented by our men, and the War Office replied that *there were none there!* Later the War Office agreed to issue calomel tubes, and succeeded in issuing *one tube per soldier per annum*. Failure to reduce disease by such issue was then claimed as a general proof of the failure of prophylaxis.

Military Difficulties. The Army was faced in the later years of the War with the insuperable difficulty that venereal disease was at times "self-inflicted": some soldiers preferred isolation hospitals to the firing-line. In addition, there were the peculiar difficulties of the War: shortage of medicaments; failure of supplies to arrive at points they were wanted at; destruction of supplies; number of troops attached to other regiments than their own; confusion of medical and military councils; excitement and lack of social control of women; and, in the time after the Armistice, enormously large numbers of men absent without leave, and therefore deliberately out of touch with official precautions.

Laxity of Medical Administration. After the Armistice particularly the laxity in regard to prophylaxis increased, as also did political and ecclesiastical interference among British troops. The thousands of soldiers on Salisbury Plain to whom I lectured in 1919 assured me positively that packets were *not* being supplied; judging by the show of hands among different audiences (running up to 1,000 or 1,200 men at times), I came to the conclusion that about ninety per cent. of these men had been away on leave, official or unofficial leave, *without packets*. The lack of disinfectants and the enormous increase of leave accounted for the higher venereal disease rate after the Armistice—particularly towards the middle of 1919.

Success of Prophylaxis. In August—September 1917 over 5,000 troops came on leave to Paris, and twenty per cent. of them became infected with venereal disease. No medical preventive measures were available. From November 1917 to April 1918 (and onwards) preventive measures were applied: some 25,000 to 30,000 troops came on leave to Paris; only *three per cent.* became infected with venereal disease. I put in original signed records of this classic example of the value of prophylaxis. Later I supplemented these medical preventive measures by freely distributing myself to the Anzacs in Paris many thousands of prophylactic outfits ("packets"). In five months we have only twenty cases of venereal disease recorded against the Anzacs in

Paris. Then supplies ran out. I communicated with the A.D.M.S. of each of the five Australian Divisions and of the New Zealand Division. The 1st and 5th Division A.I.F. could send none—had none themselves; 2nd Division had none, but promised a small parcel when fresh supplies arrived; 3rd Division promised to send 250 outfits in a few days; 4th Division sent a small parcel—could not spare more; N.Z. Division sent 100 outfits: altogether I thus secured merely enough for two or three days. Therefore I went to London myself and brought back some thousands of outfits; venereal disease infection rate for Paris promptly dropped. Contrast the following:—

August to September 1917. 5,000 troops on Paris leave; 1,038 venereal disease infections.

October 1918. 5,000 troops on Paris leave; forty-five venereal disease infections.

| | | | | | |
|----------------|---|---|---|---|----|
| New Zealanders | . | . | . | . | 0 |
| Australians | . | . | . | . | 3 |
| English, etc. | . | . | . | . | 42 |

In 1918 the New Zealanders were the cleanest troops coming to Paris, because they were the best supplied and instructed; the English were the dirtiest, because they were the worst supplied and the least instructed.

Avoiding Infection. The precautions I advised were based on advice given me by British and Overseas Medical Officers, as well as by French and American Medical Officers. I combined and summarised this advice as follows:—

1. Use some sort of clean grease beforehand, preferably calomel ointment, to fill up pores of skin, cover over abrasions, and prevent direct contact with source of infection.
2. Urinate immediately after *each* connection to wash away infective material and prevent the invasion of the urethra.
3. After *each* connection, wash thoroughly with soap and water, because ordinary soap is destructive of germs; or, preferably, bathe parts with weak solution of potassium permanganate.

Official Approval. I have the approval (in writing) of practically all the Commanders in the Anzac Armies and L. of C. of the methods I advocated and applied in Paris, including the approval of 4th Army Headquarters; it is not true to say that the War Office or the Army Commanders and their experienced Field Officers were responsible for the failure to control venereal disease; the responsibility lies almost entirely on the shoulders of the parsons and politicians who continually harassed and interfered with the Army.

Control or Supervision of Women. In my opinion this is both necessary and desirable for women indulging in irregular and

promiscuous intercourse. If licensed houses cannot be established, then Women's Toilet Clubs and Dispensaries should be set up. Directions for women must be framed so as to be *acceptable* to the women themselves. This can be done by combining the precautions for disinfection and contraception. That is the French practice, and it is successful.

Number of Persons Infected. The Army figures are incomplete; the position is much worse than shown, because of concealments (see evidence of Dr. Sequeira).

Moral Arguments. Most of these are due to prejudice and false reasoning. The following should be accepted:—

1. The fear of venereal disease is only a slight deterrent of immorality.
2. The world will be neither better nor worse (generally speaking) from the moral point of view by the abolition of venereal disease.
3. It is impossible to paralyse or extinguish sexual instincts.
4. However wrong irregular relationship may be, it is still more wrong if it is diseased.
5. Morality must rest on the promotion of virtue and not on the ruin of men, women and children.
6. Instruction in the mode of preventing infection should be an essential part of adult education.
7. Opposition to this springs not so much from the desire to prevent sin, as from the desire to secure the poisoning of the sinner; packets are objectionable to such prejudiced minds because they enable men to be immoral without suffering for it.
8. Every care should be taken to avoid encouraging irregular relationship, but the fact that it must exist in the present economic and social conditions should be bravely and clearly recognised.

NOTE.—In my opinion prophylaxis for men and for women is necessary at the present time; otherwise diseased men will infect more and more women, and diseased women will succeed in contaminating the clean men faster than the men can themselves be instructed. The dangers of racial disease are now so great that *every* means of preventing their spread should be adopted; but in England immediate self-disinfection is, in my opinion, the maximum that can be attained, and the minimum that should be accepted.

DIGEST OF EVIDENCE GIVEN BY MISS ROUT BEFORE THE HOUSE OF LORDS

October 25, 1920

The following is submitted to complete information given in the foregoing summary:—

1. In one of the Bills under consideration by the House of Lords Committee there is the same clause as in the Venereal

Disease Act, 1917—viz. Clause 5, Section 1, Sub-section c—prohibiting the sale of medicaments, etc., for the *prevention* of venereal disease without authority from the L.G.B. (or now presumably the Ministry of Health). But as this authority for sale is refused by the Ministry of Health, I suggest that the word “*prevention*” should be deleted unless a special proviso is inserted excluding the Army Medical Packets and Directions already on issue, so that ethically and legally the soldier and the civilian stand on the same level in the matter of sexual sanitation.

2. I emphasise the fact that feeble-mindedness is known to be a cause of immorality, and immorality is known to be a cause of spreading venereal disease, and venereal disease is congenital and that thus we have a complete vicious circle—to be broken only by the prevention of infection in the first instance.

3. I have emphasised the inaccuracies and discrepancies in the first Annual Report of the Ministry of Health as compared with other official statements. The Report says there were 98,000 first-time cases of venereal disease attending clinics in 1919–1920, whereas the Minister of Health told Parliament on July 15, 1920, that 843,000 persons had attended the clinics.

4. The Report says nothing about the fact that half, or more than half, of those who attended discontinue treatment before cured.

5. The numbers quoted in the Report as first-time cases—viz. 42,000 syphilis, 38,500 gonorrhœa, 2,000 soft chancre—indicate that the majority of the cases of gonorrhœa are not reporting at all, and only the most serious and somewhat advanced cases of syphilis attend. This is proved by Dr. Sequeira's evidence before the Ministry of Health last July—quoted in the statement I have handed in already.

6. The Inter-Departmental Report signed by Lord Astor is obviously against the weight of evidence, because some of the evidence (notably that of Sir James Barrett and Sir William Osler) has been suppressed, and because misleading tables (such as Table H) have been put forward to allege failure of disinfectants to disinfect.

7. I have quoted sundry statements from the Annual Report of the National Council with regard to the increased attendances at the clinics. If attendances at Tuberculosis Clinics increased in the same manner, everybody would be horrified; when venereal disease attendances increase, it is considered a matter for congratulation. Again and again this note of triumph rings out, e. g. at *Darlington* we are told :—

“The attendances for treatment during 1919 have greatly increased—ninety per cent. greater than in 1918. It is also *gratifying*” (a delightful word!) “that the number of persons attending for treatment for surrounding rural districts has increased in an even larger proportion.”

It is alleged that these increases are due to the activities of the National Council. I have no doubt they are—the Council's opposition to disinfection is the main cause for the spread of venereal infection in this country.

8. I have pointed out that Colonel Harrison's advice was always unreliable in regard to prophylaxis. Thus he designed the tubes used in the New Zealand outfit (and a similar tube was in use for years among the Germans), but had to limit their use officially for early treatment. Of course we used them for the prevention of disease. Our view was that the outfits should be issued as a matter of routine, and by this means we achieved success. Colonel Harrison's official view was that the tubes should not be issued as a matter of routine, but the men should be told they were available, and Colonel Harrison's method—or the method he was forced to advocate—proved a rank failure. Only one tube per soldier per annum was actually distributed.

9. Colonel Harrison alleged that he had "experience" proving issue of packets as a matter of routine increased venereal disease. We asked for this "experience," but never could get it, and we now classify the story along with the myth as to the Angels of Mons.

10. The allegation that venereal disease increased in the Overseas forces, but not in the English forces, is also a myth. Venereal disease rose enormously among English troops at Cologne in 1919, and it is still terrifically high there.

11. The low venereal disease rate in the English Army is largely due to concealments, now revealed by Colonel Harrison's Complication Index, and in other ways. In many cases men suffering from wounds were also suffering from venereal disease, but were not in venereal disease hospitals and not counted as such. In 1918 the need of men was so great that many men were discharged from venereal disease hospitals who were not really cured.

12. It is alleged that the Americans had "compulsory" prophylaxis and the Imperials "voluntary" prophylaxis. Actually the Americans had efficiency and courage in applying prophylaxis, and the Imperials had inefficiency and cowardice. The American Y.M.C.A. and American Red Cross had prophylactic stations in their hostels and canteens. The American officers were told that prophylaxis was the official policy and that "*no laxity or half-hearted efforts in this regard will be tolerated.*" I have been through the American area of occupation and through the British area. The Americans deserve to win the venereal disease campaign, and the British deserve to lose it.

13. In the early part of 1920 the G.O.C. N.Z. H.Q. gave me ten thousand New Zealand prophylactic packets, to be sold for the benefit of the venereal disease campaign in England. The Minister of Health refused to permit me to sell these. Nevertheless I can now buy, and have bought, prophylactic packets from a London shop, where they were displayed in the shop

window. The price charged was *five shillings*. The cost to us was about *one shilling*. These packets must either be sold in an honourable and straightforward way, properly authorised, or they will be sold surreptitiously. I made this statement before the Brussels Public Health Conference last May. Now we have the proof in London in October.

14. Such packets will not be used for treatment if accompanied by suitable directions, and when issued in the New Zealand Division they were accompanied by a slip printed in red ink advocating continence and emphasising the deplorable dangers of venereal disease.

15. I have issued many thousands of prophylactic packets for men and for women. In my experience no increase of sexual intercourse resulted: rather the reverse.

MISS ETTIE A. ROUT (MRS. HORNIBROOK), *was then examined as follows:—*

1. THE PRESIDENT. You seem to be rather doubtful as to whether sexual continence is consistent with normal health?—I am not doubtful, but I think it is a question for expert medical consideration. Lack of chastity is proved by the large number of cases at the Venereal Disease Clinics.

2. Would you be prepared to say that any large proportion of the normal women of this country are immoral, having married, or before marrying?—I say that they were sexually available to our soldiers when they were here. We sent men out to homes recommended, and the men came back, and admitted having relationship with these civilian women.

3. A large proportion of whom, for one reason or another, were in touch with the military services?—They were women whom the men met on leave. The promiscuous immorality invaded all classes of women in this country, and practically all classes of women were available to the Overseas soldiers. No doubt these war conditions prevailed in the Colonies.

4. PRINCIPAL GARVIE. You say sexual abstinence for prolonged periods is impracticable. You are not pronouncing an opinion on the abstract question that if men so chose they could remain continent?—I think promiscuous relationship is entirely wrong and anti-social, but that very many men cannot, and will not—at any rate do not—remain chaste. I assume that they have tried their best.

5. DR. MARY SCHARLIEB. You really wish us to believe that the majority of men are incapable of chastity?—I certainly do. I absolutely believe that the majority of men and a large number of women are quite convinced in their own minds that chastity—that is, total sexual abstinence for prolonged periods—is impracticable for them and undesirable. That is their opinion, and on that opinion they base their conduct. The War possibly promoted sexuality; I think it did; at the same time I do not think that the general sexual habits of women before the War

and after the War were quite so different as is commonly supposed.

6. DR. AGNES DUNNETT. Your evidence is as to war conditions?—Yes, 1914 to 1919–20.

7. The War is over now?—The results are not over.

8. DR. HILL. Your views are based altogether on the experience of the War?—I would not say that. I have had fifteen years' experience as a Law Court reporter in the Colonies, and all my professional education and environment influences my opinions.

9. You are not a medical woman?—No.

10. Do you consider from your experience in the Army that prophylaxis can be effectively introduced into the civil population?—Yes.

11. You know in the Army there is more direct control over the individual?—Soldiers are not under discipline when they are having sexual intercourse on leave. They are reverting to civil life.

12. Do you think that the distribution of prophylactic packets is likely to be as effective as you suggest they have been in the Army?—Yes. In the Army a diseased man wasn't under such a disadvantage as he would be as a civilian. In the Army he had free treatment, and he got out of the firing-line. In the Army there was an incitement to neglect prophylaxis. There is no such incitement in civil life.

13. There was the incitement of military control to take precautions. Do you think there would be the same incitement and the same control subsequent to infection under civilian conditions?—The absence of that control would be neutralised by the fact that in civil life there was so much more incentive to keep well.

14. Do you consider from your experience in France that there is more risk of venereal disease in licensed houses than among the non-regulated?—That is nonsense. Practically all the cases came from the women of the boulevards, but if houses are badly conducted then you may get floods of disease from them.

15. Dr. Fraser thinks it would be sufficient to disinfect the male. He objected to discuss the question of the female. Do you hold the same view? Do you think it is possible to adequately disinfect the woman to prevent the spreading of the disease or to prevent her from becoming infected?—I think you want prophylaxis for both men and women. Dr. Fraser was arguing from the point of view of public health policy. We have to consider that at the present time there are a large number of infected men in the community, and they are going round sowing disease in the bodies of clean women. If you do not protect the women you are going on manufacturing more and more diseased women.

16. Are you satisfied that a woman can protect herself if she has connection with an active gonorrhœa?—It is difficult.

17. In civil practice it is possible?—I think it is possible, speaking as a practical field-worker.

18. DR. HILL. You quote certain statistics at the end of your précis. Can you tell me what was the weekly or monthly strength of the New Zealand Oversea troops?—Usually about 28,000 to 30,000 men in England, and about 30,000 to 32,000 in France; that is, roughly. We raised 100,000 men, but kept only one division in the field.

19. Were you able to ascertain what was being done with regard to prophylaxis in the whole of the New Zealand contingent?—Yes; I worked in touch with the Administrative Commandant.

20. Can you tell me the number of cases of venereal disease in any specific number of troops over a certain period, and can you tell me also in what proportion or to what extent the prophylactic packets were used?—Up to 1917 we had an average of two per cent. of the men out of action owing to venereal disease. Then we introduced the packets, and during 1918 we averaged over the whole group of the New Zealand men less than one per cent.

21. Were you acquainted with what was done in Paris with regard to prophylaxis in troops other than the New Zealand?—Yes. There was only one centre, British, through which all troops passed.

22. Unless you can give the exact number of Australian, New Zealand and British troops, they are not of much value from our point of view?—They are of some use if you reason from inferences, according to returns put in later. This shows it was mostly the Colonials who went to Paris, while the English naturally came home.

23. I suggest those figures are not of much value?—Oh, they are not worthless.

24. Before they can be of any use we must have the relative figures?—I say they are of use. I tried to get the figures, but they were not always kept separately. Then you simply had to take what you could. Most of these statistics are open to various allegations like that; they are not mathematically accurate.

25. It was stated that there was a great deal of venereal disease in New Zealand troops at first?—The New Zealand troops on the average were not worse than the Australians. They had a high rate.

26. Were they without prophylaxis?—The prophylactic packets were not issued to New Zealand troops until February 1918.

27. You deny the suggestion that even without prophylactic packets the incidence of venereal disease among the New Zealand troops was higher than it was in the British troops?—I do not know what the rate was in the British troops. We are just beginning to get the facts in the clinics now.

28. SIR GERMAN SIMS WOODHEAD. Your experience has been confined to the period of the War?—To Egypt, France, Belgium, Germany and England.

29. At home and abroad?—Yes.

30. Have you formed any conclusion as to the effectiveness of the use of prophylaxis in the Colonies as compared with the facts in this country?—I have not been home since 1915.

31. Do they use prophylactics in New Zealand?—No. The

study of prophylaxis has developed during the War. We did not go into the matter before.

32. We are considering very exceptional conditions?—There has been a growth in our knowledge of prophylaxis. The question is, whether we are going to apply it.

33. Do you think it is such a burning question in New Zealand as here?—There are only a million people there.

34. There have been great comparisons drawn with regard to the purity of the people in England and in the Colonies?—That is absurd. I do not suppose the sexual habits of the people in England are any different from the habits of any other part of the British Empire. There are a great number of people in England who are not English. This country is flooded with diseased Continental women, who could not earn their living in their own country as prostitutes.

35. You are opening up a very wide question. It is not merely a matter of preventives?—I do not see much hope of controlling venereal disease in England except by prophylaxis. They won't control the infected women. We had one woman in Hornchurch, who was a syphilitic-gonorrhœa, who infected twenty-nine New Zealand soldiers within a short period, and nothing was done with her.

36. When I was in Ireland we had a large number of soldiers and a very small amount of venereal disease. Now, I do not suppose that they used preventives any more than our own. There were undoubtedly one or two syphilitic women, who were carefully looked after by the priests, and we had practically no venereal disease. Would it have made any difference if preventives had been brought into further play than they were?—Conditions might be different in Ireland. The main difference is that this country is flooded with diseased foreigners. The diseased French-woman who goes away from Paris does not go to Dublin: she goes to London. There were Frenchwomen in Paris who told me that they were coming over here after the War. The public here will not tolerate medical supervision, and the only thing you can do is to supply prophylactics.

37. I have read this little pamphlet of Directions for Women, and I was struck by one remark, "Be clean and go with clean people." Is it not impractical advice?—That pamphlet was written to accompany women's outfits. The soldier gave it to the woman with whom he had relationship. These women were boulevard girls or prostitutes; the pamphlet was not written for the general public. In the licensed houses every man is examined, and if the proprietor or the woman find that the man is diseased he is simply given his money back and not allowed contact.

38. THE SECRETARY. All this relates to the controlled system?—Yes.

39. DR. GIBBS. Which do you think the more effectual, preparation before the act or after-treatment?—The general instruction we gave to the men was to use calomel ointment beforehand and potassium permanganate afterwards.

40. Which do you think is the more effective of the two? You have experience of men using it before and after the act?—We got the best results from men who use some sort of grease (vaseline, lanoline, calomel ointment, etc.) beforehand. If you told them to daub themselves with a permanganate of potash lotion, they sometimes did it too late, and there were some abrasions of the skin, and so the blood-stream came into direct contact with the infection. We also got a number of cases of tears; they were not very many, but must not be considered negligible. Sometimes a man came into the barracks streaming with blood. It is no use telling such men to daub themselves with permanganate of potash lotion. But that is abnormal, the men were in a hurry.

41. DR. AMAND ROUTH. No man would purposely go with a diseased woman?—Yes. The diseased prostitute got more money than the clean one. Some men wanted to get diseased during the War. They would sell the discharge to other men and they would infect their genital organs with it. Some infected their eyes and came in blind.

42. How long were the Paris men mentioned on leave?—Eight days, or fourteen days, nominally; often actually longer.

43. These cases of infection must have been gonorrhœa?—That was not the total?—You can find that out from the military returns. They are the number of cases reported at the medical centre I am quoting in all instances.

44. Do you think that the introduction of prophylaxis will increase prostitution?—We do not think it increased immorality. You inspired the men with a much more vivid understanding of the dangers they incurred, and the consequence was that many men used to hand back the packet and say that they never used it at all, as they now understood what they were risking. The idea that to promote cleanliness is to promote vice, is utter nonsense. It is only a surmise or nightmare, or something of that sort.

45. Do you think the civilian population is similar to the military in regard to sex habits?—I believe that the majority of men have sexual relationship before they marry.

46. DR. BOND. You think that the only means is disinfectant propaganda rather than administrative means such as controlling the immigration of diseased women?—I would not allow a woman into this country without a health certificate.

47. Do you think the conditions here are comparable to the Colonies?—I think if they do not conquer the disease problem in Australia and New Zealand they have a great deal to be ashamed of. The people there are more sparsely settled; and they are isolated from the invasion of diseased women. They have everything in their favour.

48. Has the disproportion of males in the Colonies anything to do with it?—Yes. The immigration of women ought to be promoted, but it must be promoted in the right way. It is no use sending women to Victoria, *e.g.* where there are already more women than men; they should be sent to Western Australia, *e.g.* where there are more men than women. The question of inter-Imperial

emigration is a matter for very delicate handling. At one time under the Assisted Scheme we wanted domestic servants, and we got prostitutes. We are beginning to harden up our restrictive medical conditions, and are insuring that we do get a good standard of woman there now.

49. DR. AMAND ROUTH. Do you think the notification of venereal disease out there has had any good effect?—Venereal disease is not compulsorily notifiable, and the West Australian Act has only been in force for a very short time. I think it is a mistake here to mix up the issue with compulsory notification or medical supervision of women. You should get on with the one thing, promoting disinfection, killing germs. If you try to get anything else you will fail to get both objects.

50. DR. HILL. What about the men who blinded themselves?—We had to class them as “self-inflicted wounds.”

51. If people are going to do that to avoid the firing-line, prophylaxis will not be of use?—That is where the failure came in; it accounted for one-third of the Paris leave infections.

MISS ETTIE T. ROUT *was re-called and further examined.*

52. THE CHAIRMAN (PRINCIPAL A. E. GARVIE). Might not these prophylactics have been offered to the Society for the Prevention of Venereal Disease? They would not have had any difficulty in using them and your difficulties might have been got over?—I was in France at the time. I had nothing to do with their being offered to the National Council. It was done by the officer in charge of the surplus stores. Later they were offered to the Society for the Prevention of Venereal Disease. The Society for the Prevention of Venereal Disease said they were a teaching institution and could not sell such goods, nor give them away; their policy was to advocate the medicaments necessary being put in chemists' shops. The G.O.C. of the New Zealand forces then turned the goods over to me in trust, on the understanding that any proceeds of the sale should go to the Society for the Prevention of Venereal Disease, but because the Ministry of Health refused permission the whole transaction has been held up.

53. We understand that the Ministry of Health is not entitled to interpret legislation, the interpretation has to be done by a Court of Law in this country, and the Ministry of Health was quite right?—The matter came up before the House of Lords' Committee, before which I put the facts, and the opinion of the Committee was, according to the *London Times* report, that the Ministry of Health was quite entitled to have authorised the sale of these articles, and that Parliament had intended that when the law was passed. My main objection to the non-authorisation of sale is that the prophylactics are then sure to be sold surreptitiously. I proved that by buying a packet at five shillings in London.

54. Suppose by teaching chastity you are securing that young

men are chaste, are you not saving these men the risk of disease?—Undoubtedly. But then we have failed for thousands of years to keep them chaste, and we now find them spreading disease all round; 843,000 treated in Venereal Disease Clinics here in one year is not the result of exercising chastity!

55. Do you approve of chastity?—Yes.

56. But you approve of controlled houses?—I think a system of controlled houses is better than a system of uncontrolled houses. We have licensed houses in Paris and unlicensed houses in London. The licensed house is better than the unlicensed house, just as the public-house is better than the sly grogshop.

57. That is, assuming houses for prostitution are necessary, they should be licensed?—Yes.

58. You argue it would be easier to deal with the civilian than with the soldier in these matters. Have you taken into account the fact that the soldier is more immediately under the care of the medical authority, and more likely to seek advice than is the civilian?—Yes; but every civilian has much more incentive to avoid venereal disease.

59. That is not the point at all. One must take into account the fact that the soldier has a medical authority more accessible than the civilian?—I do not think it is an impossible task to teach prophylaxis in a proper and dignified way both to men and women in civil life.

60. You say that Major Darwin wrote to *The Eugenic Review* supporting prophylaxis. Do you mean the issue of packets to soldiers?—Supporting methods of disinfection.

61. Major Darwin denies supporting packets. Can you tell me the number of *The Eugenic Review*?—No, not now. Of course, I know there are some people who advocate delayed disinfection and see no moral objection to that, and others who think that provision should be allowed for immediate self-disinfection. I am advocating both methods, of course. I see no moral difference.

62. Do you really think that any one is justified in making the statement you do, indicting the medical profession as not thoroughly honest in this matter, if they have a job to lose?

63. It is not the merits of the matter. Do you think you are justified in accusing an honourable profession with the dishonesty which that statement implies?—It is not necessarily dishonesty; it may be time-serving, or a question of financial considerations. Everybody cannot afford to express their opinions.

64. Do you suggest that the American Y.M.C.A. provided packets or anything corresponding to packets?—No. In the Y.M.C.A. Hostels there was a prophylactic-room which was run by the American Army Medical Service, but the difference between the American Y.M.C.A. and the English Y.M.C.A. was that the Americans advocated prophylaxis and allowed prophylactic stations in their hotels, etc., and the English did not.

65. What do you mean by prophylaxis?—Let me give you the Y.M.C.A. circular, and explain that the superiority of the American

system, as compared with the English, depended mainly on the following factors :—

(a). Prophylaxis was accepted whole-heartedly as the official policy of the American Army;

(b). The co-operation of the American Red Cross and American Y.M.C.A. was available;

(c). The American Army had relatively hundreds of times as many prophylactic stations as the British Army, and advertised and notified them properly;

(d). From the day of enrolment the American soldier was instructed in prophylaxis;

(e). General Orders were issued directing Commanding Officers to provide for, and encourage, prophylaxis, and these orders were obeyed.

In proof I quote the following from *The Manual of Military Urology*, published for the American Expeditionary Force by the American Red Cross.

p. 11. "*Prophylactic Unit*. It is required that every military organisation be equipped with a prophylactic unit ready for use at any post or camp where the organisation is stationed.

p. 15. "*The Prophylactic Tube*. It has been found impracticable to provide convenient stations for all the scattered organisations, details, and casuals of the American Expeditionary Force in France. On this account it has been found advisable to issue a prophylactic tube which those men will use if they expose themselves to venereal contagion against urgent advice to the contrary.

p. 18. "*Duties of Officers*. At the present time prompt prophylaxis is the one outstanding protective measure against venereal infection. The medical officer is under no more solemn obligation than that of insuring its utmost efficiency by :—

" 1. Careful instruction and inspection of sergeants in charge of the prophylactic station;

" 2. Repeated instruction of enlisted men as to the necessity for prompt prophylaxis."

And Commanding Officers were informed that "no laxity or half-hearted efforts in this regard will be tolerated." In addition, special suggestions were drafted by the Surgeon-General of the American Expeditionary Force, and approved by General Pershing, Commander-in-Chief, and issued broadcast by the American Y.M.C.A., the last suggestion reading as follows: "When a man, through drink or bad associates or a loss of moral stamina, is overcome by his passions and exposes himself to venereal disease, he should at once minimise the probable evil results to the Army,

to himself, his family and society by obeying the military regulations concerning prophylactic treatment." In the American Y.M.C.A. Hostels and Canteens prophylactic stations were established and open continuously day and night, and the American Red Cross set up very large numbers of prophylactic stations at their own expense and on their own responsibility, with the approval of the American military organisation, and issued enormous quantities of prophylactics.

66. That brings out the point of giving packets prior to indulgence and treatment after indulgence?—The soldier was told to obey the military regulations with regard to prophylactic treatment, and the military regulations covered the issue of prophylactic packets in the American Army.

67. We have got to go by the evidence put in, which obviously qualifies it?—I do not qualify my statement at all, which is that the American Y.M.C.A. told the soldiers to obey the Army regulations, and they were such and such.

68. You state that the Y.M.C.A. advised the men under certain conditions to observe these conditions? That is a very important matter to us?—Supposing a station could not be established, then the packets were then issued. The Y.M.C.A. did not oppose the issue of packets or any of the methods employed by the American Army.

69. You say, "It is sheer humbug for any pious persons to pretend that they really believe that providing disinfectants for personal use or otherwise 'encourages vice.'" Have you studied psychology so far as to know the influence of suggestion on many minds, and ethics so far as to know what measure of responsibility it is to present a suggestion to a mind which may have an evil effect?—I know in actual practice what happened, that the issue of packets did not encourage vice. It tended to minimise it, for various reasons: One was that the soldiers became better acquainted with the danger of disease; they were convinced that the danger must be very real, or the Government would not have spent the money on prophylactics; and many men came back and said that they had never used the packets at all. The psychological difference was that, without packets, the choice in the man's mind was the Woman or the Disease; the Woman was a certainty and the Disease only a chance; he took the certainty. With packets, the choice was the Remedy or the Disease: the Woman was there in any case.

70. Do you think your argument is strengthened by saying that it is "humbug"?—Some people are obsessed by moral cowardice.

71. Did you verify Dr. Snell's statement of Dr. Turner's point of view?—I had an interview with Dr. Turner, and know his opinions.

72. You have quoted Dr. Snell's version. Did you have the original?—No. The statement was frequently made to me that packets were objected to because they enabled men to be immoral without suffering for it.

73. With regard to your letters to Anzac soldiers, did you suggest that chastity was the best way?—That was the function of the padres, and I think they were all doing their best. I disapprove of confusing the medical with the moral issue.

74. Do you not think that when you gave advice to the men it would have been just as well to emphasise the fact that the best means to ensure safety was to avoid an immoral life?—We did. This circular accompanied the packet :—

“N.Z.E.F.

Remember that if you become infected with Venereal Disease :—

- (1) You may become mentally affected.
- (2) Your wife may become a chronic invalid for life.
- (3) Your children may be born imbeciles.

Therefore, for the sake of yourself and your future wife and children, avoid risk of infection from Venereal Disease.

If you do risk infection, you should protect yourself by reporting to an Early Treatment Hut without delay.”

The words : “ *avoid risk of infection* ” mean being chaste.

75. You approve of Regulation 40D?—Yes, that helped us a little.

76. You approve of the preventing of conception?—I am not talking of what I approve of, I am talking about the practical application of a system of disinfection to women of such peculiar mentality that they insist upon indulging in promiscuous intercourse. When you are dealing with that type of woman you have to take special care to see that what you are advocating is *acceptable* to her, and therefore likely to be carried out.

77. Do you suggest that the National Council are “gratified” at the increase in venereal disease, as you quote the phrase?—I think it should be regarded officially with horror that the number of venereal disease patients attending clinics is increasing. Yet we have all sorts of statements, such as this from Darlington, “It is also gratifying that the number of persons attending for treatment has increased,” etc.

78. DR. CHARLES BOND. You say many men brought back the packets : Can you tell me how many they were?—No. I have no records of these.

79. In that sense it acted as a deterrent?—Certainly it did.

80. Would you admit that this statement of yours is a little bit coloured in a personal sense, that you have been unfortunate in your attitude towards the Ministry of Health? There is “feeling” in the document on account of personal considerations?—It would be influenced by my personal experience ; certainly it is personally and feelingly written in favour of prophylaxis. I think the opposition of the Ministry to prophylaxis is both mischievous and wicked.

81. You have points at issue with the Ministry and other public bodies?—Yes, on that account.

82. How far will this display of "feeling" help in carrying forward the best method?—There are times when, to make the public pay attention, you have to drop bombs on them. That is not the best method of educating them when you have plenty of time and the people are prepared to be reasonable. But the only way to teach some people anything is to *kill them*.

83. SIR FREDERICK MOTT. What is your experience of prophylaxis?—You can reduce the amount of disease by at least two-thirds. Sometimes we had a much greater reduction than that, where we had really plentiful supplies and good control and responsible instructors; in those circumstances the amount of venereal disease became practically negligible.

84. Was prophylaxis practised by the Australian Army, generally speaking, in England?—No. In London there was only one depot—Horseferry Road—to which the men could go, and most of the men did not get packets.

85. What was General Howse's opinion with regard to prophylaxis in the depot?—He knew it was successful.

86. It was a fact that soldiers contracted the disease to get out of active service?—Surely. The Americans actually issued orders with regard to that matter.

87. The American prophylactic system was ablution stations—not packets?—They had both, but mostly ablution stations. Lord Burnham, in discussing the matter in the House of Lords, said that he had been over to France with General Pershing, and they had both packets and stations. I got thousands of tubes from them myself in exchange for packets of permanganate of potash, of which they were short in Paris at the time.

88. Your statement of Captain Walker's evidence in Paris was published afterwards in *Public Health*. Do you suggest that it was at first suppressed?—Yes.

89. Have you any proof that it was suppressed?—Yes. I sent it to *The Lancet* and *The British Medical Journal*. Both editors sent it back saying it had been censored, and could not be published. Next I sent it to *Public Health*, and I told the editor to get it in print first, and submit it afterwards, and throw the responsibility on me. That is how it got into print, under my signature.

90. In regard to the treatment of women, do you see any danger in using this weak solution of permanganate of potash? You mention St. Louis Hospital's recommended treatment. Can you tell me what that treatment is?—Mainly vaseline beforehand and soap and water after, and permanganate solution. Sometimes mercurial ointments or lotions are used in the licensed houses two or three times a week. Mercurial lotions were apt to be irritating, and caused salivation. We got better results by using weak potassium permanganate, we thought.

91. There is no danger in that at all?—No. We tried to get antiseptic pessaries, but they proved irritating. I got iodoform pessaries, but there were objections to them on account of the smell. We advised the women to use vaseline before and soap

and water afterwards: those as immediate precautions; and disinfecting lotions twice a day, if possible.

92. DR. AMAND ROUTH. Women will use the disinfectants more readily, you say, if they think these will prevent conception?—Yes; that is, women indulging in promiscuous intercourse.

93. Prostitutes, professional and amateur?—That is so.

94. Would you be in favour of publishing broadcast the fact that the precautions to prevent venereal disease were equally useful to protect them from pregnancy?—I do not think such knowledge should be suppressed from adult women.

95. Would it not increase the number of indecent women?—I do not think so. If women have a sense of morality at all, I do not think they will be pushed over the edge into prostitution by a knowledge of sexual hygiene.

96. Do you not think that many women avoid sexual intercourse, and do other things instead, because they wish to avoid getting pregnant? Does it not deter them from promiscuous intercourse?—I do not think the fear of impregnation acts any more strongly with women than the fear of venereal disease with men. I think we should have a sexual hygiene bureau or toilet club for women; and naturally the types of woman who would go there habitually would be those from Leicester Square, Waterloo Road, and the Strand, *i. g.* I think such women can be, and should be, taught sexual cleanliness.

97. Is it your experience that prostitutes often do get pregnant?—The amateurs do.

98. Only when they first begin?—Yes, but some loose women have several children.

99. This knowledge would encourage them to begin?—They get all the encouragement they want from the shop windows at present. They see piles of quinine pessaries, syringes, etc., in those windows now. The display of those things naturally suggests to them that they can indulge in sexual intercourse without the danger of impregnation.

100. DR. EUSTACE HILL. I cannot understand what you mean, in dealing with the Bill amending the Venereal Disease Act, by suggesting that the word “prevention” should be deleted?—At the present time you can sell prophylactics, but you must not say what they are for, and you must not advertise them. If you go and ask a man to sell you something for venereal disease prevention he cannot do it.

101. Yes; but you say, “I suggest the deletion of the word from the Act”?—I say I think the word “prevention” should be left in and the authority should be issued; otherwise delete the word, if the authority is refused, *i. e.* the preventives could be sold.

102. The figure 843,000 you quote is an inaccuracy?—I do not know that.

103. Your knowledge should make you realise that it is attendances and not patients?—I do not think so at all. Dr. Addison said in the House on July 15, 1920:—

"There has been a substantial increase in the number of persons attending these centres. The total has gone up from 460,000 to 843,000. It means that people are beginning to realise the necessity of going to the centres early. The scheme is so far only at the beginning."

MR. MYERS. "Is it 843,000 persons or 843,000 visits?"

DR. ADDISON. "843,000 persons or patients."

104. I want to make quite clear here that this 843,000 is known to apply to attendances and not persons. The fact is, the 98,000 in the Ministry's first report which you mention. One is wrong. If you compare the cases in London, 20,000 odd, it is obvious that 843,000 is wrong?—I think they are making a distinction between first-time cases and other cases. There were said to be 98,000 first-time cases, and I supposed the others were old cases. If the figures are inaccurate, they were supplied so in Parliament.

105. It is known that the figure given is wrong by all the people who know anything about venereal disease?—That may be so, but I don't think it is.

106. You make a point that more than half the patients discontinue treatment before cure?—Yes.

107. You know that a large number of these patients are rendered non-infective?—I don't know how many.

108. In the case of syphilis two or three attendances render them non-infective?—Perhaps not "infective," but nevertheless capable of procreating damaged children.

109. You quote Dr. Sequeira's statement that gonorrhœa is five times as prevalent as syphilis, and then you go on to say that only the most serious and somewhat advanced cases of syphilis attend. There is no evidence that only the most serious cases attend?—I am here to tell you what I have gathered. Perhaps "mainly" would be more accurate than "only." See Dr. Sequeira's evidence.

110. I say you are creating a wrong impression?—I don't think so. Perhaps I do not quote the whole of his evidence in this particular reference.

111. You know that the numbers at the Tuberculosis Clinics have increased to an enormous extent?—Yes, but surely you do not contend that the increased attendances in the Tuberculosis depots do not show an increase in the prevalence of tuberculosis in the community? You admit that tuberculosis had increased, do you not?

112. I contend that tuberculosis is decreasing, and yet we get the attendances increasing because the education is defective. That is the very point put forward by the Ministry of Health. You are trying to form a wrong impression?—That would be a matter to prove statistically, if your statistics were accurate. My belief is that most medical men are firmly convinced that venereal disease is increasing, and tuberculosis as well.

113. In one place you say that the low venereal disease rate of the English Army is due to concealments. You have told this Committee more than once that a considerable number of soldiers

contracted disease in order to get out of the firing-line. Are these statements not contradictory?—No. Men stationed in London wanted to remain in London at their job; hence avoided reporting venereal disease, and actually avoided venereal disease. Some men from the firing-line wanted to get venereal disease. Naturally from 10,000 men on leave, turned loose in London, we got a tremendous amount of venereal disease; from 10,000 men stationed here, we got very little venereal disease.

114. You put forward one view to make one point and another view to make another point?—There would be different motives to account for this, according to the different circumstances of the case.

115. It is a fact that the rate in the English Army was low?—I do not admit that. The rate stated was low. We got a very much higher rate among English troops on leave in Paris than among the Colonials.

116. Have you figures to prove it?—Yes, I have.

117. This long report of yours does not contain all the statistics necessary to draw a conclusion. That was one of the reasons why the Ministry of Health refused, because the evidence was so uncertain and in many cases so unreliable?—No. Exact figures are available. As showing the present health of English troops, let me quote this letter, received on October 12, 1920, by a London doctor, and handed to me for the purposes of this inquiry. The letter comes from a woman-worker in Cologne at the present time, and she says:—

“ I want your help in an important matter. Miss —— is working among our soldiers in Cologne, after having run a unique club at —— and —— . She is a very remarkable person, with great influence over the men. She is distressed beyond measure by the terrible spread of the venereal disease among the men. The Germans lay every possible snare in their way. Our authorities seem to do practically nothing to cope with it. The Americans guard their boys; e.g., no infected woman is allowed near their camp on pain of imprisonment. With our people there is no such precaution. Miss —— submitted a scheme to the C.O., and it was accepted as eminently suitable, practical and desirable. Later on he sent for her, and told her that, on thinking it over, he was afraid he must turn it down, ‘ *because it would not do for the War Office and people at home to know how bad things are here; besides, it would make trouble with the padres.* ’ ”

Then I know myself that, in some places, the officers told me that seventy-five per cent. of their casualties in the Graves Units were venereal disease.

118. Do you really suggest to this Committee, and ask us to believe, that the reason why the War Office and the Ministry of Health declined to act on this information, which is valuable, is because they are priest-ridden or so blind that they will not act

owing to sacerdotalism?—The Minister of Health told the deputation he would not do as they requested until he was sure it was “quite safe” to do so: until the facts were proved.

119. But it is not proved?—Some people have taken good care to see that we cannot prove it. For example, Captain Walker’s paper was published in my name, but the complete records were in Captain Walker’s own office in Southampton Row in 1919, and the whole lot of them were stolen. He intended on demobilisation to write a book on prophylaxis, but now he cannot do it. Many of his valuables were lying all round the room, but nothing was taken except these records. My own office in Paris was raided more than once, but I took care to keep my records in one hotel and live in another.

120. You say Captain Walker gave his paper, and, in spite of a storm of opposition, the War Office in March 1918 drafted orders?—We got the orders, but nothing else, and you can’t prevent venereal disease with a scrap of paper.

121. The suggestion which you make is really not justified, because you make a statement based on something which is incorrect. You said there was a “storm of opposition.” The storm could not have arisen, for the paper was not published until a month after the order was issued?—Oh, but the opposition was going on all the time. That is absolutely a fact. The opposition to prophylaxis did not come from experienced military and medical officers. If the War Office had been left alone by the Ecclesiastical Party, and the people misled by them, the War Office would have been quite capable of beating venereal disease, and they actually did so in Havre. But immediately the officers got the Havre houses cleaned up, down came the orders putting licensed houses out of bounds; and then venereal disease increased, and went on increasing. In Paris the houses never were out of bounds. The British Head-quarters took this official view: (1) They did not know officially where the houses were; (2) it was not their duty to find out; (3) they had no staff for ascertaining this knowledge. Thus our men could use the houses.

122. SIR HUMPHRY DAVY ROLLESTON. I should like to ask what, and if so how much, evidence there is of the prophylactic use of calomel, and whether it has reduced disease in women in licensed houses, and what amount of salivation, etc., was caused. Have you such evidence?—No, only a general statement by St. Louis Hospital doctors.

123. They have evidence?—Yes.

NOTE BY MISS ETTIE A. ROUT (MRS. HORNIBROOK)

Dr. Eustace Hill suggested that some of the Paris statistics did not prove what they were intended to prove. The complete statistics were, as already explained, stolen from Captain Walker’s rooms in London, but I can now produce a duplicate of the Summary for November 9, 1917, to May 31, 1918, which Summary was issued to the Australians by request in 1919, and afterwards

handed over to me. November is the only month where there is no record of the troops arriving in Paris. It was on these statistics that Captain Walker based his paper, which was published in September 1918 by *Public Health*, a copy of which I also produce. The method of compilation of these figures was decided upon, after careful consideration, by the military authorities as designed to show the comparative results of the efforts made in August to September 1917, when we got twenty per cent. of infections recorded in Paris (as stated by Captain Walker), and the efforts made in November 1917 to May 1918, viz. the issue of calomel tubes and the establishment of prophylactic stations, etc., when we got only three per cent. of the leave-men infected (see Appendix).

The question of the American orders, etc., regarding prophylaxis was also raised, and I therefore produce *The Manual of Military Urology*, printed privately, and issued by the American Red Cross in France in 1918. This copy was given me by the American medical authorities in Paris, and the book is now out of print. I am marking with red pencil the orders relating to prophylaxis.

SUMMARY OF WORK DONE

OFFICE OF MEDICAL OFFICER, MEDICAL INSPECTION ROOM, CASERNE PEPINIÈRE, PARIS

From November 9, 1917, to May 31, 1918 (inclusive).

ALL RANKS AND ALL BRANCHES OF THE SERVICE

| Totals for | Nov. 1917. | Dec. 1917. | Jan. 1918. | Feb. 1918. | Mar. 1918. | April 1918. | May 1918. | Total. |
|---|------------|------------|------------|------------|------------|-------------|-----------|--------|
| Number of troops (O.R.) arriving on leave | No record | 5,774 | 6,675 | 6,361 | 6,260 | 197 | 255 | 25,522 |
| Lectures delivered | No record | 412 | 602 | 484 | 511 | 169 | 193 | 2,371 |
| Calomel tubes issued | 1,860 | 12,233 | 19,783 | 10,181 | 16,386 | 1,295 | 1,583 | 63,524 |
| Treatments given | 629 | 4,141 | 7,058 | 8,542 | 8,336 | 558 | 540 | 29,804 |
| Cases of venereal disease diagnosed | 15 | 45 | 64 | 34 | 54 | 6 | 10 | 228 |
| Treatment cases of V.D. prior to evac. hospital | — | 94 | 115 | 60 | 102 | 12 | 20 | 403 |
| Treatments abrasion penis and severed frenum | — | 97 | 221 | 204 | 184 | 66 | 28 | 700 |
| General sick parades at office | — | 893 | 1,002 | 706 | 823 | 378 | 220 | 4,027 |
| Outside sick-calls | 127 | 180 | 285 | 54 | 53 | 41 | 47 | 787 |
| General cases to hospital | — | 10 | 26 | 20 | 51 | 9 | 4 | 120 |
| Visits to Hôtel Moderne (Station No. 2) | — | 42 | 39 | 34 | 36 | 30 | 31 | 212 |
| Visits to Hôtel D'Iena (Station No. 3) | — | — | — | 11 | 32 | 30 | 31 | 104 |
| Microscopical examinations of smears for V.D. | 15 | 67 | 85 | 78 | 101 | 7 | 30 | 383 |
| Urinalysis, chemical and microscopical | 30 | 60 | 66 | 63 | 42 | 10 | 20 | 296 |
| Refusal of tubes | — | 8 | 13 | 7 | 13 | 2 | — | 43 |

NOTE.—During the month of November 1917, returns of troops arriving were not available, hence no account could be given. The above record does not include Weekly Venereal Disease Inspections, Barrack Inspections, Classifications, Inoculations, Vaccinations or examination of men on the Paris Staffs going on leave or returning from leave. It will also be noted that leave to Paris was closed on March 26, hence the total arrivals amounted to but 371 for April and May.

H. L. WALKER, Captain, C.A.M.C.

Officer i/c Medical Inspection Room, Paris.

SUMMARY OF CALOMEL TUBES ISSUED AND TREATMENT GIVEN

OFFICE OF M.O. (MEDICAL INSPECTION ROOM), CASERNE PEPINIÈRE, ST. AUGUSTIN, PARIS

From November 9, 1917, to May 31, 1918 (inclusive)

| Period. | Canadians. | | Australians. | | New Zealanders. | | Brit. Exp. Force. | | Total. | | Total All Ranks. | |
|---------|------------|--------|--------------|--------|-----------------|-------|-------------------|-------|-----------|--------|---------------------|--|
| | Officers. | O. R. | Officers. | O. R. | Officers. | O. R. | Officers. | O. R. | Officers. | O. R. | | |
| 1917 | | | | | | | | | | | | |
| Nov. | 208 | 5,223 | 76 | 4,237 | 59 | 925 | 51 | 454 | 69 | 1,791 | 1,860 | } Prior to December no separate account of tubes issued to Canadians, Australians, New Zealanders, etc., was kept. |
| Dec. | | | | | | | | | 394 | 11,839 | 12,233 | |
| 1918 | | | | | | | | | | | | |
| Jan. | 186 | 7,964 | 30 | 8,324 | — | 1,511 | 14 | 1,754 | 230 | 19,553 | 19,783 | } For nine days in February no tubes were available for issue. |
| Feb. | 63 | 3,861 | 10 | 4,840 | — | 759 | — | 648 | 73 | 10,108 | 10,181 | |
| Mar. | 105 | 7,778 | 33 | 6,506 | 6 | 1,057 | 30 | 1,071 | 174 | 16,412 | 16,586 | |
| Apr. | 24 | 648 | 4 | 112 | — | — | 58 | 449 | 86 | 1,209 | 1,295 | |
| May | 22 | 767 | 4 | 133 | — | 12 | 26 | 622 | 52 | 1,534 | 1,586 | |
| Total | 608 | 26,241 | 157 | 24,152 | 62 | 4,264 | 179 | 4,998 | 1,078 | 62,446 | 63,524 | |
| 1917 | | | | | | | | | | | | |
| Nov. | — | 268 | — | 215 | — | 96 | — | 26 | 24 | 605 | 629 | |
| Dec. | 69 | 1,901 | 27 | 1,784 | 21 | 272 | 17 | 50 | 134 | 4,007 | 4,141 | |
| 1918 | | | | | | | | | | | | |
| Jan. | 57 | 3,164 | 12 | 3,357 | — | 352 | 4 | 112 | 73 | 6,985 | 7,058 | |
| Feb. | 38 | 3,479 | 6 | 4,347 | — | 488 | — | 184 | 44 | 8,498 | 8,542 | |
| Mar. | 50 | 3,886 | 17 | 3,668 | 5 | 520 | 15 | 175 | 87 | 8,249 | 8,336 | |
| Apr. | 12 | 387 | 2 | 26 | — | — | 27 | 104 | 41 | 517 | 558 | |
| May | 11 | 332 | 2 | 1 | — | — | 13 | 181 | 26 | 514 | 540 | |
| Total | 237 | 13,417 | 66 | 13,398 | 26 | 1,728 | 76 | 832 | 429 | 29,375 | 29,804 | |

Total tubes issued November 9, 1917 to May 31, 1918 (inclusive)

: : : 63,524

Total treatments November 9, 1917 to May 31, 1918 (inclusive)

: : : 29,804

NOTE.—Leave to Paris was cancelled March 26, 1918.

H. L. WALKER, Captain, C.A.M.C.
Officer i/c Medical Inspection-Room, Paris.

SIXTH DAY

Friday, November 19, 1920

The BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT OF DR. E. B. TURNER, F.R.C.S.

1. YES. I can give actual cases.
2. In my opinion inefficient—provided the early treatment is given very soon after the risk. If self-disinfection is carried out by sober, cold-blooded, skilled persons under conditions which are favourable, then no doubt it is effectual, but such a combination of circumstances does not always occur—and there is always the danger of “self-treatment” with “self-disinfectant” materials.
3. (a) Before—nothing very much good.
(b) After—soap and water and permanganate solution and calomel ointment are all used.
4. Most certainly, more especially when the disinfectants are carried about in packets for use when required. In my opinion they do lead to a great increase in irregular sexual intercourse, and probably to an increase in the gross number of cases of venereal disease, though the percentage of infections to risks run may be reduced. They may protect the skilled fornicator at the expense of the community, and I consider the advertisement and provision of “packets” a grave danger to the national welfare, both as regards health and morals.

1. THE PRESIDENT. You say that sexual continence is consistent with normal health?—Yes, I am perfectly certain of it. I can give you two instances exceedingly pertinent. One was a gentleman I had known for years and years, a public school man, a University “blue,” and when he was thirty-two he came to me and asked me something which he said would make me laugh. He said, “I am going to be married in a few weeks, and I have not the remotest idea what is required of me when undertaking that obligation. I have not had anything to do with women during the whole of my life, and I want you to tell me and give me instructions.” That was a man who carried on his athletic career after he came down from the University, and at the time he came to me he had recently been competing with great success in athletic competitions. He was entirely healthy, and he was entirely continent. The other case is practically the same, only it was not a case of an athlete. The gentleman was in Holy Orders, one whom I had known for many years. He came to ask me the same question. He lived to a very sound old age, and died a few years ago. He was perfectly healthy in every way. For my own part I can say that for many years after I left school I was in training during the whole of the summer for

foot-racing and in the winter for football, and I can tell you that, though I conformed to every rule of training, no one was healthier than I was.

2. What some people say is that the kind of cases you quote are just the cases where people would find it easy; they lived full, vigorous, athletic lives, and they did not allow their thoughts to be directed in other directions. Do you feel that what you state would apply to the sedentary lives lived by some of the business men and clerks in London?—Yes, provided he was a normal man. I will allow that there are degenerates. That is a different thing; they are comparatively few. But the ordinary normal man I am certain can remain perfectly continent and perfectly healthy. If he did go in for athletics that would help him.

3. Supposing anything had happened at school in one way or another, and his moral sense had been perverted, and anything had been practised upon him, would that render it more difficult?—I have not had any practical experience of that kind. I am speaking of what I know. I should think it might make it more difficult. But if he kept straight his health would not be affected.

4. Have you any experience of the other sex?—It is more difficult to speak about it. An enormous number of women remain absolutely continent during the whole of their lives and are not ill. There are a certain number of cases of nymphomania in which the mind is affected, and I can quite believe that in the case of a mental degenerate the health might suffer. But sound, healthy women remain continent all their lives and are practically healthy all the time.

5. Do you include moral degenerates in mental degenerates?—I mean that a person might be morally degenerate and yet mentally sound. I am speaking of the mentally deficient.

6. Yet would it not be true to say that some intensely clever, mentally clever people have in some cases been the weakest with regard to this particular matter?—You have only to look to history to be certain about that.

7. With regard to the second question, you think it is inefficient?—It should be less efficient. My own opinion is this. You must have persons who disinfect themselves do so properly, and they must be properly instructed. I do not consider reading a printed slip in a packet sufficient. I believe that in these cases where there has been any great success there has been personal activity on the part of those in medical charge of sailors and soldiers, and they have not been satisfied with instruction by printed slips, but have actually taught the men, and showed them the method of disinfection, and under those circumstances you would get a very much better result than you would get by other methods. It would not be applicable to the civil population at the present time. I do not think you can take any results you may have got with regard to soldiers and sailors and compare them with the effect if you attempted to bring the practice of self-disinfection prominently before the civil population. I do not think it is possible to instruct the civil population in the same manner in which you

can instruct the soldiers and sailors. If you got a thousand men properly instructed, and a thousand others who relied on what they read, and another thousand who took no precautions at all, with the first thousand you would get a less number of cases of infection than you would with the second lot who only read printed instructions, and with the third lot you would probably get more than in the other two, if all three thousand men were exposed to the same chance of infection at the same time. The test being under the same conditions as regards temperance, excitement and locality, all of which may militate against proper and efficient self-disinfection, and I think in those circumstances—taking the ordinary man thoroughly taught and the man partly taught and the man who had no instruction at all—you would have a greater number of cases than if all the men had been instructed in early preventive treatment. The Americans during the War dropped the issue of packets and had the men thoroughly taught early disinfection. I want to put it to you as I put it to the troops when I lecture to them (I have spoken to about 500,000 now): “Now, look here. I am going to speak common-sense to you. If any one of you got your hand in a dirty, filthy mess, you would wash it. If you get any other part of your body into a place where it becomes filthy and infected, you must also wash it and clean it as much as you can.” I have always pointed out to them that the sooner they do so, the more chance there is that it will be effective and act as a preventive of the development of disease, but I always point out it is by no means a sure and certain shield. I have preached this to soldiers, and I have preached it to hundreds of thousands of civilians, and I think you would get better results in this way than by letting them disinfect themselves. In order to disinfect himself, a man must always carry about with him the materials for disinfection. I think, as a rule, a great deal of irregular intercourse takes place on a sudden emotional impulse. The man dines too well and meets something he likes. The man who deliberately plans and prepares to fornicate is in a distinct minority. You cannot expect a young man who has dined too well and has picked up a girl to stop at a chemist’s shop and buy disinfectants. For “prophylaxis” to be of real use among masses of men they must be carefully instructed, and must carry the materials about with them ready for use at any time.

8. Treating this matter as a health matter, and leaving moral considerations on one side, would you say the earlier and the more completely the person is provided with what will be of use and service, the better?—Yes.

9. We have had it argued that it is unlikely to be effectively done before connection because of his probable state of excitement. Would you agree?—I do not think that anybody now advocates “pre-risk” disinfection alone. That was the first thing which was advocated, and has now been put in the background by disinfection carried out directly afterwards.

10. DR. AMAND ROUTH. Both sexes?—Well, I do not see how

it would be possible for a woman absolutely to disinfect herself beforehand. It would be extremely difficult in any case.

11. THE PRESIDENT. Now with regard to No. 3?—Yes, effectively, if they used disinfectants quickly and properly.

12. Does that also mean that you would provide stations or places where that disinfection could be got by the civil population?—I think if it were possible it would be a good thing. The administrative difficulties and the expense are great indeed. There is an experiment being tried in Manchester at the present time. It is being watched extremely carefully by the Ministry of Health to ascertain what the effect may be. When I went into the figures about two months ago there was not enough to tell us very much about it. It is a question which is coming very much to the fore as a result of that experiment, and I know that the Ministry of Health is watching this with the greatest interest, although at the present time it is not adopted as part of its policy.

13. With regard to 4. Are you, in giving your evidence, at all distinguishing between Mr. Turner as an authority and Mr. Turner, supposing a patient came to him to ask him what he should do privately? There are those two sides?—It comes to this. If a man came to me and said, "Look here, I am going on the tiles to-night. Can you give me something, or tell me what to do, to keep me safe from possible infection?" Under those circumstances I should decline to give any advice whatsoever. It is a matter upon which I have a strong opinion. I should say, "If you want to learn that, you must go to somebody else." I treat sick persons, I do not tell men how they can deliberately run into danger and attempt to avoid results.

14. There are some people who go so far as to say, after persons have got into trouble, "You have sown the wind, you must reap the whirlwind"?—If a man came to me and said, "I have played the silly ass. Can you tell me how to prevent possible infection?" I draw a distinct line between the two, and in those circumstances I should tell him anything I could.

15. You draw a distinct line nationally and individually?—Yes, I draw a distinct line nationally as well as individually.

16. That the nation is to treat the person who says, "I have made a fool of myself. Can you provide the means of safeguarding me from disease?"—Nationally?

17. Through the Public Health Department?—Whether I would provide a place for disinfecting? If I found it possible and efficient, I would.

18. As a doctor you would do it? On moral considerations would you still do it?—Yes, because I should take it that the man is potentially a sick man, and I would do the same as I would if I saw a case of diphtheria, when I would give anti-toxin to all contacts before they developed the disease.

19. You would not sanction selling packets in chemists'?—You cannot stop it; the things are sold.

20. Are they sold? It is illegal at the present moment?—There is no prosecution taking place. You can get them.

21. In your evidence you would stiffen up the law so that a prosecution should take place?—I should be sorry to see the law altered to make it legal.

22. Is not the worst thing in the world a law not obeyed?—Yes.

23. Independently of the selling of packets in shops, one of the witnesses did say that he was in favour, or would be prepared to sanction, this : that if a man is determined to go on the tiles, he would not object to the Public Health Authority, or something of that kind, providing a place to which the man could go and say, "I want something to prevent me having venereal disease." Would you approve of that?—Not at all. I want to say something about a question in which my belief is strengthened by a large amount of evidence—my belief that the issue of packets and preaching of self-disinfection is bad and leads to an enormous increase in the number of risks run. First of all, an experience of my own. I have not had many cases of this disease to treat. Before the War any boy whom I might know who had this disease would go to any doctor but myself to be treated, because I looked after all his family. But during the War they have been coming to me. I have seen thirteen young men of the educated officer class, of whom five are suffering from gonorrhœa and eight from syphilis. Every one of them had used these packets for self-disinfection, and out of the thirteen nine gave me their word of honour that under no circumstances would they have gone wrong unless they had been taught and instructed in the use of packets. This, in a small experience like mine, is something which compels you to think. Three of them said that when they were on board ship they were paraded and told, "When you go ashore you will probably want to be immoral, take these things." They had lectures and instructions, and packets were handed out. Those three boys had no idea of going wrong. They did so and got diseased after using these disinfectants. Therefore of that thirteen a certain number did not want to go wrong, but did so because they were instructed and the packets were issued. In connection with this matter I have a letter which was sent me some time ago, with the idea that I should use it and get the Editor of the *British Medical Journal* to print it. I consulted that Editor, and he said that it was not a letter to be published, but it was one that I have kept very much in my mind. It was given me by a member of the council and many committees of the British Medical Association. This letter was sent to him by a boy whom he had known all his life. This is the copy of it. It is a rather human document bearing out what I am saying.

"DEAR DOCTOR,

"It is a rum quest I am making, but I know you so well that I am sure you won't mind. You know I enjoy life, and generally have a good time. Even the War wasn't so bad, now it's over. But to come to business, I am in a fix; like lots of other pals I looked on the wine when it was red and the girls when they were pretty, and never worried about consequences, but about

two years ago, when I was at —, I had to go to a lecture on venereal disease. We all thought we were in for a pie-jaw, but a sporting old Johnnie with a crick in one eye turned up. He didn't lecture or preach, but just talked to us, and when he had finished we jolly well felt that it was up to us to run no risks—we knew too well what the risks were. I often thought of what he told us, and since the War I have thought I might some day get married, and what a fool and a beast I should feel if I was not fit. But a few weeks ago a pal of mine showed me a sort of manifesto by some purification society which stated that 'such diseases are very easily prevented,' and that the object of the society was to acquaint the public with the means of prevention and to enable any one to get easily the proper stuff. I thought at first that it was some clever quack advertisement, but found that the letter was signed by all sorts of big bugs in the medical world—at least that is what our doctor tells us here. This naturally set me thinking afresh, and I came to the conclusion that there was no reason why I should not enjoy life to the full without any qualms of conscience. Anyhow I got the instructions, but when I pondered over them, I wondered whether I and some of my pals would actually carry them out when the proper moment came. After dinner the other night several of us got to talking about it in the smoking-room, and argument waxed hot. However, we came to the conclusion that it was a good stunt to satisfy our consciences, but that it wasn't likely that we should really and truly, on each and every occasion, put it into practice according to the ordinance.

"Now, like a good chap, do just sit down and tell me what your view of the matter is.

"Yours,
" ———."

In my opinion the public advertisement and supply of "packets," to be carried at all times for use when required, would have the same effect on the morals of the civil population as the advocacy, the public exhibition, the supply and the use of Malthusian appliances (contraceptives) has had on the standard of practical morality among women of all classes during the last forty years. Before the Malthusian propaganda became active, numberless young women remained chaste because they realised the fact that a lapse from morality might be followed by impregnation. The widespread knowledge of how this physiological result can be avoided in the majority of cases has, to my certain knowledge, been followed by an enormous increase in immorality among girls and women generally. In the same way the carriage of packets will lead to an enormous increase of irregular intercourse among young men.

24. The moral side does not come in at all?—It shows what the effect would be. This is a matter which has been brought before me at Cologne lately. I am of the opinion of the chaplains who said that the provision of prophylactic appliances led a great number of

men to go wrong. A certain number of Commanding Officers told me the same thing. Many soldiers to whom I talked put it to me that they looked upon the provision of prophylaxis as an official sanction to fornication, that it was considered necessary, and that it led them to use them. One told me that I was right when I said to them that if they used this method "it is not a sure shield; it may protect you for a time, if you do it properly, but if you keep on doing it, keep on running the risk, as sure as night follows day you will wake up some morning to find that you have not done it rightly, and that you have got clap or pox." (I used their terms.) He said, "That is true; I have just come out of 25 General." They looked upon this official provision as a tacit acknowledgment that there was not much harm in it. They had the idea that "disinfection" would protect them, and the result was, a large number got the disease. I want to give you some figures. You have had the War Office figures up to September. In Cologne the numbers varied, hovering about 12,000 men. When I was there the 25th General Hospital, Venereal Disease, with five hundred beds, was full, and, in addition, there were those who were being treated at Early Treatment Centres for mild cases. Wherever you went in Cologne you saw "blue-lamp" rooms. If you went into the barracks you found them; each unit had its own "blue-lamp" room. In these rooms there were laid out all the preparations for self-disinfection and tubes and packets. You could buy packets in the chemists' shops for a penny (a mark at the exchange), and the output of preventives was 11,000 a week. In one week the number of cases reported was ninety. This was in spite of what you have heard the War Office did in the way of counter-attraction. There was a very intensive campaign carried on. First of all there was the moral side, when the chaplain of each unit talked to the troops. One chaplain, a very able man, took it on as a "whole-time" job. I came across several chaplains who were most competent; they got hold of the soldiers and influenced them. The men had lectures also from their Medical Officers, and one Medical Officer took it on as a "whole-time" job. You have heard what splendid counter-attractions were provided, but still the men got the disease and the rate was high. Last month they asked me to go out and lecture to the whole Army, and I hope shortly to get reports from the War Office showing the results of this campaign. Then there is the fact that self-disinfection leads to self-treatment. This is a matter which the officers who look after the clinics say is to some extent prevalent. A certain number of the men do not understand the difference between self-treatment and self-disinfection, between prevention and cure. The result is, that they apply for medical treatment later than they otherwise would.

25. SIR FREDERICK MOTT. What do you propose to do besides your moral teaching?—What my constructive policy is? In the first place, education.

26. Medical treatment?—What I want, and what I mean by education, is that every person shall be educated so that the

moment they get any sign of the disease they would go at once to a practitioner and be treated.

27. This is more difficult for civilians than for soldiers. You may have these Early Treatment Centres, and a man may stay all night, and the next morning it will be too late. These are points you must consider. They are also very costly, and many Borough Councils and County Councils regard it as impracticable. Are you going to leave them alone?—I would have them taught, certainly. This is a thing on which all men are in agreement with your Society. The germs are got rid of easily. I would not have packets provided for persons always to carry about. I would have them taught washing, or that, if they chose, they might use permanganate of potash and calomel. I have told thousands of civilians and soldiers the same thing. If they wish to avoid the disease, the only dead certain way is not to run the risk of infection, but if they do kick over the traces, it is up to them as individuals to avoid what may happen to themselves, and, in justice to their possible wife and children, to take every precaution. Washing with soap and water is just as good as anything else.

28. THE SECRETARY. They cannot carry about soap and water with them, but they can carry permanganate of potash? If you say they must not carry it, then it might be too late to go to the Early Treatment Centres?—Also, if they stay the whole night, there would then certainly be a number of risks run. You would not get self-disinfection after each separate act of intercourse.

29. THE PRESIDENT. Education—when would you give that?—I think that you cannot expect to stamp out this disease in six months or six years, and you must start from the beginning. Children should be taught as soon as they begin to ask questions, in such a way that they can understand it. Get this knowledge given to them in a reverent and proper way, and not in the filthy manner in which it is generally imparted now. Let facts of botany and zoology be taught, until they gradually become accustomed to the subject. Children should be told the truth in some way that they can understand. These matters should be taught by the parents at first, carefully, and by degrees they must be told more and more. I have spoken on this subject to a great meeting of 1,400 men of the working class, and a foreman asked me at what age they ought to tell their girls and boys, and I said, "Between sixteen and seventeen," and he answered, "That is no good, sir; there are girls of twelve and thirteen who are diseased and just as bad as women of twenty." I think you ought to let every child know about these matters when it attains years of discretion. They should know thoroughly the dangers which lay in front of them. You are going to inculcate fear, you say. Not fear, but prudence. If a man is motoring and sees a danger-board on top of a hill, it is not fear, but a wise prudence which constrains him to drive down carefully. You must also educate them that continence is not incompatible with health, and that continence is the best thing. Then you might tell them that if they do

“kick over the traces,” cleansing may have a good effect, but is not a sure shield. You should put it up to them by their chivalry, their patriotism, their sportsmanship, to keep straight, and you will get a good result. Last year I was speaking to a meeting of doctors at Birmingham, and a gentleman moved a vote of thanks, and said: “You have heard Mr. Turner speak this afternoon. I heard him four years ago address 3,000 troops under my charge. He put up to them the dangers and the risks of venereal disease, and urged them, in the name of all that a young man holds sacred, that they should avoid the risk of infection. The result of this lecture was that, during eight months, until they went to France, we only got one case of venereal disease and that was caught three days before his lecture.” Get as many clinics as you can and see that men continue their treatment. There is great mischief done at the present time by men not continuing their treatment until cured. That is what I mean by education. I quite appreciate the tremendous difficulties of the Early Treatment Centres. At Manchester I believe it costs 2s. 0½d. for each case. That is a good deal. One thing I particularly wish, and that is, that the general practitioner would take this illness and treat it properly, so that you can get those cases in the rural districts, where venereal disease has now penetrated, properly attended to.

30. SIR FREDERICK MOTT. What is the difference between ten minutes before and ten minutes after?—You are ignoring the excitement of the man ten minutes before.

31. What proof have you of it?—You have got the proof.

32. Were your thirteen infected while they were in the Army?—Yes.

33. Knowing how inefficiently the treatment was carried out, you must not say that the treatment is inefficient because one place is inefficient. It is like antiseptic surgery, unless carefully carried out it is more dangerous rather than the reverse?—That is exactly my point. That is where they are led astray by the false sense of security given by these things. Eight out of these officers had not the slightest intention of going wrong before they got the packets.

34. We shall have some evidence from Dr. Sequeira. Have you read Commander Boyden’s book?—Yes, three years ago.

35. And the 693 cases which he quotes?—I am not putting up anything.

36. You are denouncing a system by a few particular cases, which I do not think is logical. That is, arguing from particular to general?—I am absolutely certain that if young men carry packets about with them they will “burn their pockets,” as the saying is. It is a direct incentive and suggestion to them to go wrong.

37. That gentleman who wrote you. Do you know whether he is a reliable person?—I know nothing about him. The gentleman who sent the letter to me knew him very well. When he saw the advertisement he wrote that letter, in order that he might see

whether he could go on indulging with impunity and with safety. That is an instance of what "safety" does to young men.

38. You appeal to history as showing that the lack of chastity was the result . . .?—The Chairman asked whether there were not exceedingly brilliant people who were very lax in their morals, and I said, "Appeal to history."

39. It is certain that a strong sexual interest has gone with a strong character?—Yes, often.

40. I think you will admit that at the present time there is disharmony between the physiological condition and the sex instinct and the social conditions?—You mean that your physiological instinct is such that in a state of primitive nature it should be continually gratified.

41. An instinct remains an instinct?—If it were not for social restrictions the instinct would lead to gratification very frequently.

42. Many more marriages?—Yes.

43. That is not possible under present social conditions; it is not possible to get families, owing to that condition, and that disharmony exists. Do you not think that there must necessarily be promiscuous intercourse?—I am sure there will be.

44. How are you going to deal with it?—Deal with it?

45. You won't deal with it by teaching. You cannot get over instinct like that?—I believe you can do a great deal in that way.

46. That is proved?—You cannot make men or women absolutely moral; you can begin and build up. *We* are not going to see the end of this disease.

47. Do you think that your teaching and the methods of the National Council have greatly diminished the amount of venereal disease in this country?—I cannot tell you. It may have prevented things being worse.

48. It has been claimed that there has been an increase?—There must be an increase.

49. I am glad to hear you say it?—In all classes all over the country. Doctors in country districts say they see it now who hardly ever saw it before.

50. It was claimed that there was no increase because locomotor ataxy and general paralysis of the insane had not increased?—The increase in those diseases will be apparent in twenty years' time.

51. That has been claimed as proof that venereal disease is not on the increase?—People who claim that do not know much about it. Any one who knows anything about it would know that locomotor ataxy and general paralysis of the insane will appear about ten years hence. Ten to twenty.

52. Of course one recognises the importance of any measures which will diminish the amount of venereal disease and syphilis, not for the individual's sake, but for the sake of the innocent women and children who suffer, so that you would be in favour, I suppose, if self-disinfection were found to be better, of advocating that as a doctor?—If it were proved that it very materially affected it, I should say yes.

53. In Portsmouth they carried out a scheme in the Army, and that has so impressed the Portsmouth people that they have taken it up through the Medical Officer of Health, and they have advocated this method. Do you not think that is a strong enough argument in favour?—I do not, because it is a question taken up from exceptional instances, and the cases were treated and managed by an exceptional man. You have got to wait and see.

54. Why should we not get exceptional men everywhere? You can get them if you pay for them?—I do not mean Mr. Mearns Fraser—I mean Sir Archdall Reid, who had great success with the troops, and he did it because he took care personally and interested himself in the work, and taught them himself; he had them under discipline under his own hands, which is a different thing to applying it to the civil population. You have got to wait and see what the result will be.

55. It must have influenced the borough of Portsmouth to have convinced them that it ought to be tried?—I suggest that you would get a larger number of cases than if you did not use packets.

56. That has not been the case with Sir Archdall Reid's observations?—That is quite different in the case of the civil population. Sir Archdall had the men in a garrison town, which is different to going to talk to the boys and girls in the East End or anywhere else. It is very different indeed.

57. You admit the greater number of cases come from the so-called amateurs?—Undoubtedly. The licensed houses in Cologne are hardly responsible for the disease at all. Forty per cent. of the amateur girls in Cologne are diseased.

58. Well, then, we have had a report from the War Office (read again). Do you attribute this reduction to the lectures or the prophylactics?—I do not know, the lectures were given by the Medical Officers of the unit.

59. You think their lectures are not effective?—I do not think the lecture of the Medical Officer of the unit is so effective as the lecture of a stranger. The soldiers have told me that they regarded it as his "stunt." They said: "It is his b—— stunt." I have had it from a dozen Commanding Officers that if you get a stranger to address troops on venereal disease they think more of it. With regard to the report for the September quarter, there was a rise again just before I went there.

60. There ought to be a fall?—I have said already that the first week in which anything was said there was a diminution.

61. DR. AMAND ROUTH. Sir Frederick referred to the advice of the National Council. I suppose it is a question of increasing the control over the instincts. It has not interfered with the instinct?—No, it is there implanted.

62. Do you think your lectures helped to increase the control?—I hope so. I have a tremendous amount of evidence from the Commanding Officers of depots all over England. They continually asked me to go down.

63. Do you finish your lecture, as some do, by saying, "If you

cannot control yourself, here is a packet"—I always finish by putting it up to them that they ought to keep straight. I say, "I hope you will take my advice and keep straight. I appreciate the fact that to some of you it will be a great struggle. I am asking you to set your teeth and to keep a stiff upper lip for this reason. I have told you what may happen to you, and that the only absolutely safe, dead certain way is not to run the risk, and I have tried to prove that continence does no harm to you or your health. If any one of you does what he ought not to do, and runs this risk when the chances of infection are so great, then I do not look upon him as a possible, but a probable sick person, and it is up to him to do everything he can to prevent and cure the disease."

64. Can you tell me whether masturbation would have any effect on that boy or girl taking to promiscuous intercourse?—In some cases it does, in others it does not. I have come across some cases—I have not had much experience in regard to girls—and some men have consulted me, and I found that as a result of masturbation they were quite indifferent to sexual intercourse.

65. It is more difficult, I presume, to resist temptation as regards promiscuous intercourse once temptation has been yielded to, and you would say it is consistent with perfect health, and it is much more so if purity has been practised during the early days?—Yes.

66. You would not discourage cleanliness before coition?—No.

67. It seems to me that soap and water are advisable before and after, and married or unmarried?—Yes.

68. Then as regards Dr. Fraser's poster. You agree, I suppose, that his advocacy of chastity is well given?—Yes, I have not read it over. So far as I remember it is very good.

69. I wanted to know, supposing you were a Medical Officer of Health, is that the sort of thing you would give out, with the advice of the clerical people of the parish?—You mean were I to put up a poster like Dr. Fraser's. I should be inclined to say, "Take soap and water before a solution of permanganate of potash." I think it is a very good poster.

70. You approve of the permanganate of potash being sold, and calomel ointment?—They get it at the chemist's shop.

71. You recommend that soap and water and calomel and permanganate of potash should be used?—I hold if a man has run the risk he should do whatever in him lies to prevent infection.

72. When we get to that point, if you admit that these things are useful things to use, how are they going to get them?—There comes the difficulty.

73. That is the difficulty?—At the present time it is illegal, unless they have got them from their own knowledge.

74. Can you say you object to them doing it if they become aware of it?—Not if they are aware of their use.

75. What you object to is the advocacy, the making public that that is more or less an effective remedy, and that it encourages them to expose themselves?—The provision of it in such a

form that it can be carried about. I hold that the teaching will necessarily lead to a much larger number of risks being taken.

76. THE SECRETARY. Do you mean carrying soap with them?—I mean the provision of packets with the tacit admission.

77. THE PRESIDENT. You are quite in favour of a person being told the constituents will be, or probably will be, effective, and he has to procure them in their isolated form? He is not to have them made up for him?—Not made up for him in a packet.

78. SIR FREDERICK MOTT. When a man and woman are out for the night there is no difficulty for him to carry out any of these precautions?—May be. I do not like the name packet. If he is going to get them anyhow, I do not see that it will make much difference.

79. DR. EUSTACE HILL. Do you think that venereal disease is increasing at the present time?—I really can hardly tell you. I have heard from men I have met that they are getting more cases. I am quite sure it must increase.

80. DR. CHARLES GIBBS. It increased with us sixty-six and two-thirds per cent. last year?—That must be the increase as a result of the War.

81. DR. HILL. Can you suggest anything has been forgotten or not been undertaken?—Men were excellently instructed. I am taking Sir Frederick Mott's view. The things lay to their hands, and they simply had to take them, and even with that the result was such that there was an increased number of cases.

82. There had been an increase of venereal disease in the Army?—Yes.

83. What you have been asked to do is from the moral and religious point of view?—I have brought that in to No. 4.

84. My point is, that as a medical man you were convinced that the use of these packets among the civil population would not be effective in materially preventing or reducing venereal disease, and you would object to their advocacy?—That is a poser. If I thought by the use of prophylactic packets you actually could cut down venereal disease to an extent which made it worth while, I would be inclined to withdraw my opposition. I hold that they would not. It would be a terrible conflict for me—the fact that I believe they would increase immorality tremendously, and the fact that they would—if they did—cut down venereal disease. It would be a difficult question for me.

85. DR. ERIC PRITCHARD. I think I understood you to say that in a private capacity you would not instruct a patient beforehand how he could, by prophylactic means, prevent infection?—No.

86. Would you tell him afterwards if the same patient came to you?—Yes.

87. Would you give him instruction? Supposing a man comes to you and says he is going, would you tell him?—I should request him to go to some one else.

88. Do you, in your capacity as propagandist, take the same view?—In my position of public propagandist I put up to them that it is their duty to do all they can to avoid disease. If they

choose to run the risk, then I say that washing or certain other disinfectants may prevent disease.

89. You would tell him?—No. It is a different thing telling him. If a man said to me, "I am going on the loose," I would not in those circumstances tell him.

90. You do not practise in private what you do in public in your capacity of propagandist?—I expressly point out that it is not a dead certain thing they will avoid disease. If they want to know about those things they may go somewhere else.

91. I do not see the distinction?—I feel it strongly.

92. With regard to the thirteen men, do you attach any importance to the history of the young men or young women when they stray from virtue?—Those boys I knew for years, I brought some of them into this wicked world, and I have known them well. They came to me and told me what was wrong with them, and they said they ought not to have got it, because they used prophylactic packets or outfits. I asked them if they would have gone wrong if they had not had the packet, and they said no.

93. SIR WILLIAM ARBUTHNOT LANE. Do you think they are truthful?—Yes.

I do not think so.

WITNESS then withdrew.

STATEMENT OF THE REVEREND FATHER T. E. FLYNN

Opinion in this matter can be founded in one of the following ways, or in a combination of them:—

(i) The scientific method of tracking down sexual continence in the ætiology of various diseases—*e. g.* spermatorrhea, impotence.

(ii) The *a priori* suggestion of a causality of disease from our knowledge of the influence of sex activity or sex repression on

(a) *Metabolism*—*e. g.* does continence imply the retention of toxic elements in the system, or the suppression of useful hormones?

(b) *The Nervous System*—*e. g.* is it to be anticipated that a resisted craving sets up neuroses?

(c) *Psychic Development*—*e. g.* is there any ground for Venturi's suggestion of stages of sex evolution with their appropriate needs, or for Freud's dilemma—complete sublimation ("which is impossible"), or sex activity?

(iii) The observation of abnormality of health associated with continence (which can never be more than suggestive), *e. g.* the incidence of fibroids in the unmarried, or, on the other hand, the observation of the association of normal health with continence, *e. g.* vital statistics of Catholic clergy.

(iv) The invocation of authority on one side or the other. The purely medical opinion is generally in favour of continence—sex psychologists and pathologists are divided. To be quite clear,

let us say that if physical continence is associated with psychic continence, *i. e.* if we mean chastity as it is understood by Catholic theologians, reason, authority and common experience all testify that it is consistent with normal health *before the normal matrimonial age*, and in many cases it is quite consistent with normal health for the whole of life. Moreover, the lack of chastity before matrimony constitutes a grave danger to health.

I do not know of any disease which threatens the young on account of their chastity. It is generally acknowledged and insisted upon that a conservation of sex energy is necessary for the metabolism of adolescence; and, even if there were any ground for the suggestion that the retained secretions of the sexual glands were slightly toxic, Nature provides for the excretion of such material without any ill effects. There can be no justification of autoerotic vice, for there is in this habit such grave danger of excess, that it would be imprudent on merely natural grounds to suggest or tolerate even occasional self-indulgence. There is, I believe, a nervous energy equation in normal marital intercourse which is not established in even one instance of solitary vice; and the cumulative effect of losses of energy in a habit of vice may well be disastrous to the nervous system. (Hence I think it is justifiable to say that masturbation is "unphysiological.") Add to this the element of conflict introduced by conscience, fear of consequences, or Christian tradition, and you have sufficient ground to fear psychic disturbance.

Intersexual intercourse in the young will hardly find any reputable advocate, but, if it did, the statistics of early-marriage mortality in parents and offspring would be enough to condemn it, without the further consideration of the incidence of venereal disease. I am aware that certain continental writers have gone so far as to advocate promiscuous sexual intercourse for women before marriage, and if this were not for us a *reductio ad absurdum* of the whole doctrine of "freedom," the reasons they allege for this license would repel most normal people.

After matrimonial age sexual continence is not for the majority; but there are many people of both sexes in whom there is no very emphatic impulse to sex activity. These might practise sexual continence without any fear of harm.

But there are others, and these the majority, for whom marriage is "indicated." And of these many are to be found who, in the absence of sexual activity, must either "sublimate" their sex instinct or suffer in health. This "sublimation" is certainly possible in large measure. Freud, who is responsible for the terminology, says that it is not possible to sublimate completely. I doubt this assertion. To be practical, those who suffer a powerful sex craving and who find a difficulty in marriage must either face the marriage difficulty or sublimate completely by natural or supernatural aids, or, best, by both. Particular cases considered (according to pp. i., ii., iii.).

DISCUSSION OF AUTHORITIES

The Catholic teaching in this matter is simple, and is conformable with natural law and sound physiological principle.

Continence in thought, word and deed is necessary outside matrimony. For married people only such sex activities are permissible as tend to, or are naturally associated with, the consummation of matrimony and the procreation of children.

Thus :—

- (i) In the adolescent stage, energy is safeguarded.
- (ii) In matrimony, children's interests are safeguarded. Promiscuity, polygamy or polyandry are opposed to these.
- (iii) If a person is so constituted that there is a difficulty in self-restraint, that person should marry (at a reasonable age). If economic pressure makes it hard, it is for the person to choose between hard circumstances and ill-health. But with all the training of religion and with grace (which is a psychological factor) there is little to fear, given a fair start of youthful continence.
- (iv) For those who are bound to chastity by vow, their condition in regard to sex is an important element to be considered in their choice. These are bound to chastity, no matter what the loss to health—health is not the *summum bonum*.

(iv) I would speak of the advocacy of self-disinfection only. The question of its use seems to be of far less importance from the point of view of practical morality (unless there is a suggestion to prohibit sale of prophylactics).

The advocacy of these methods is undesirable, because they are a preparation for the committing of the offence with impunity. This is an association with evil which cannot be tolerated unless it can be shown that its effect will be to diminish the evil. I do not believe that it would diminish the evil, or lead to a notable advantage to public health, but rather the contrary.

I. It is contended that no man is induced to go wrong because of the removal of the fear of venereal disease.

- (i) That certainly cannot be universally true, even in its most obvious significance. They may be comparatively few, but *some* men are deterred by the fear of consequence to themselves or their families, who would risk it with prophylaxis. This is certain. I believe the "some" would be a considerable proportion.

- (ii) But one does not suggest that the increase of promiscuous intercourse will arise chiefly from the removal of the fear, but from :—

- (a) The blunting of the national conscience (rightly or wrongly, the provision of packets will be interpreted as sympathy with the evil deed).
- (b) The amount of advertisement which will be necessary, and which is bound to have a bad effect in accustoming the public to the idea.

II. It has been asserted that opposition to prophylaxis arises from the confusion of morality with hygiene. But morality is practically inseparable from our actions. The practice of the medical profession cannot escape the criticisms of ethics. Whatever may be said about the work of the theologian or minister of religion, the fact remains that medical co-operation has a morality, whether the doctor wishes it or not.

III. As to the fact, I believe that the public provision of prophylaxis would be more likely to increase the incidence of venereal disease (*i. e.* beyond the results obtainable with early treatment) than to blot it out. Consider, for example, the figures of Dr. Otto May's table representing the statistics of early treatment in the American Navy. Now suppose that prophylaxis, if used, is infallible (a large concession), it may be asked how many of the 21,000 admitting exposure would fail to protect themselves, owing to

- (i) Mere carelessness or forgetfulness.
- (ii) Alcohol.
- (iii) Shyness—being afraid to ask beforehand.
- (iv) Preliminary indecision.
- (v) Fear of offending the partner.

Add to this the number of cases in which prophylaxis would be inefficient owing to carelessness on the part of the user. If there are x per cent. of infections through this, you will have the x per cent. on the basis of all those who were cured by early treatment. And, as a matter of fact, as I have said, I believe more would expose themselves to the danger.

All this speculation affects the *morality* of the *advocacy* of prophylaxis. By the proposed action we are not likely to check the evil. If this advocacy is not, effectively, the directing of the stream of human action into the less evil of two courses, one or other of which it is certain to follow, then there is no justification for our taking any part in it. Early treatment is on an entirely different footing. Disease or danger of disease is already present and it is in the interest of the community to stamp that out.

I would further like to say that the Terms of Reference seem to me to involve a further question, *viz.* What is the *criterion* of the ultimate national welfare? The elimination of this disease is certainly a thing to be aimed at, but public health would be dearly bought at the price of a cynical or non-moral attitude towards public vice. And if these packets, with their necessarily full tables of instructions, are to be issued, the national conscience cannot exonerate itself by a perfunctory warning of the impropriety of promiscuous intercourse. The man who provides himself with such a packet will not be deterred by that. One can sympathise with the instinct of the medical profession impelling doctors to deal with disease in their own way, irrespective of restraints which may seem to be imposed from without. But to such restraints they must, and actually do, submit in many instances. Such a short cut to the elimination of venereal disease

as many assert prophylaxis to be (I have said I am not convinced of this) is not necessarily the way to ultimate national welfare. "Le seul moyen d'éviter sûrement les maladies vénériennes," says Dr. Escande in a valuable monograph, "c'est de ne pas s'y exposer." Dr. Vigouroux uses almost the same words: "The simplest and best prophylaxis is individual prophylaxis based on integral monogamy." I am fully aware that it will be said that this does not take us very far towards the elimination of a grave social evil. Nevertheless it is the business of all who can influence their fellow-countrymen, and, especially, of all who are charged with the education of the public conscience, to do their utmost to propagate such ideas. Energy that might be diverted into a misdirected propaganda of prophylaxis would be better spent in a real campaign for social purity, beginning with the careful education of children to purity as a moral virtue. It has been alleged by men experienced in the treatment of this psychological issue that most of the venereal disease lectures to the troops missed the mark, because men could not be frightened off by the dread of physical consequences or by sentimental appeals concerning their wives; that the only effective appeal was the transcendental moral appeal. Every legitimate aid that hygiene can suggest, any legislation that can help, would, of course, be welcomed; but the essential thing is to educate the conscience. I do not imagine that this is a short cut, or that it will ever completely stamp out venereal disease; but if it had a fair trial, it would contribute far more to the ultimate national welfare than the cleanest bill of health. It is not that I am insensible to the ravages of venereal disease and to such especially terrible aspects of it as syphilis insontium and ophthalmia neonatorum, but we must remember that physical evil and moral evil are incommensurate, and that we may not evade suffering at the price of sin.

1. THE PRESIDENT. In effect you say that sexual continence before marriage is consistent with normal health, both from what one may call the eugenic side and the moral side?—I do not see that health side of the moral side.

2. A person normally wholesome is not affected in the least, not likely to be over-borne by the temptation?—I think he is extremely likely to be over-borne.

3. That is because of moral considerations, or immoral considerations?—It is because the whole thing is will, not health at all, when it comes to giving way to temptation.

4. It is the will entirely?—I have put in provisos.

5. Making a distinction before what we may call the matrimonial age. What do you put that as?—I think these medical gentlemen are better able to tell you. I think about twenty-five, so far as I can discover. Twenty for women. I think that is what Dr. Giles says, among others.

6. It is more difficult after twenty-five?—I think it is more difficult after twenty-five to maintain chastity than before, in the cases I have indicated. Some men can be chaste all their lives.

7. Would your suggestion be that the temptation is stronger after twenty-five than it is before?—Temptations are so manifold. Externally the same before as after, but when you consider the internal factor, genetic instinct, that will be stronger as it grows into full maturity.

8. Taking the experience on the parsonic side, I have found that the men who get to five- or six-and-twenty find it easier after than before. Of course, I may be utterly wrong. Have you any experience to prove that?—I have a good deal of experience. I am not talking from that experience; I have not analysed my experiences from that point of view. It is largely a question of habit and will formation. The will has more and more control as man resists temptation. I am looking at it from the physiological point of view.

9. With regard to character formation, my own feeling was, and is, that the great thing is to keep a person pure up to some age, such as twenty-five?—Quite.

10. Then you would have far less difficulty afterwards?—Quite.

11. You take special precautions in regard to chastity and develop them rather much?—Very much.

12. Would it be wrong to ask you some of the means that you adopt?—I think Sir Frederick Mott will condemn it at once as mere education. With regard to priests, they know, as a rule, all they need know about sex from the purely theoretical point of view. The rest of their preparation for their vow of chastity has been a life of strict discipline of the will. That is the whole of the education. It can be summed up thus. The man for six years, according to Canon Law, and very often for twelve to fifteen years, has been under close supervision, and during that time is subject to severe rule, a physically severe rule, a severe rule from the point of view of will-training, obedience and seclusion; and unless the man during that period has shown that he has got the power of self-control in general matters, he would probably be marked as unfit to proceed. In the case of "religious," you have the same sort of thing intensified, but for a shorter period.

13. You do not do it on eugenics?—Not at all, except in the case of priests who are having theology.

14. In regard to personal life, you do not in your instruction lay stress upon anything that the person has to do to himself physically or aiding himself in any way?—Medical or ascetic?

15. Medical?—Except that a man will learn that certain physical helps to continence enable one to resist the insurgence of the flesh, like physical exercises, or that there are dangers ahead, like alcohol, against which one must guard.

16. That is only secondary?—That is secondary. What is much more important, is that a man who is going to take the vow of chastity is warned all his life long that he must be extremely careful about getting himself into danger, to avoid not only temptation to sin generally, but the temptation to sin against his own vow.

17. THE SECRETARY. Is the ascetic training designed to help him?—With many other things; for priests more perhaps than others. They all work the same way. It is all a question of the discipline of the will.

18. THE PRESIDENT. And you find that is responded to?—You find it responded to among the candidates who become priests. There are people who have this self-control, and there are those who have not. We get rid of the latter. The successful candidates vary according to places and systems. I have known it down to about seventy-five per cent. failures.

19. I presume there are certain places where the standard is different, where the standard is lower, *e. g.* in Spain?—I should not like to say it is so. I should think it is very much stricter. I do not think the people of this country would like it; they would not find it consonant with national characteristics. In Spain they have a scheme of education to suit them.

20. You speak of the criterion of the ultimate national welfare?—I think the question is rather difficult to understand. I find it so. I was simply distinguishing.

21. The cynical or non-moral attitude towards public vice?—What I did see, and have seen very much recently, is that there is a school of thought, a very big one too, which does not consider morality at all, and when they speak about morality, and when they ask people to distinguish between morality and practice, to my mind morality is misconceived. Morality is not a thing that can be separated from our practice. It is inherent to one's practice.

22. DR. MARY SCHARLIEB. I thought young men's temptations were greatest between the ages of eighteen and twenty-five. Do you think they get more control which enables them to keep down the temptation better?—I think that is reasonable. In answering the original question, I was not considering temptation. I was thinking of the physiological point of view. The Bishop was looking at the matter from the moral point of view.

23. DR. PRITCHARD. I notice that you do not answer Question 1 categorically. If you had to say "Yes" or "No," which would you give?—If you ask me for "Yes" or "No," I refer you to a sentence from Havelock Ellis, to the effect that no doctor can possibly say "Yes" or "No."

24. Large numbers have answered it?—To my mind I think it is quite impossible to answer it categorically. I say so at great length here.

25. I understand from your answer that you think there are cases in which the health is jeopardised?—I think that it is quite likely to be jeopardised to some degree by abstinence. I think there are cases where it is seriously injured. But then I think the removal of abstinence is the obvious means of improvement in health, rather than that abstinence is the cause of the disease.

26. I think from your answer you believe health may be prejudiced unfavourably?—By continence, yes.

27. If that is so, you could not definitely say that sexual con-

tinence was, as a general statement, consistent with normal health. It would be consistent with abnormal health?—I am afraid I do not follow you. I think you are putting into my mouth those things which I have tried to avoid. The question is incapable of categorical answer.

28. DR. HILL. On the last page you say that energy would be better spent in a real campaign for social purity, beginning with the careful education of children to purity as a moral virtue. How do you propose to inculcate that purity among children?—May I say what I do *not* propose to do? I do not propose to give them hygienic lectures. I was thinking of religious education, which is a different thing.

29. I wanted to make it quite clear?—Yes.

30. DR. AMAND ROUTH. You talk of marriage at a reasonable age?—I should think that a reasonable age in this country, if you look at it from the point of view of health alone, is between twenty-five and thirty for men, and twenty and twenty-five for women. There I am submissive to the ruling of the medical men.

31. On page 2, second paragraph, you have a statement I ought to know about, but I do not think I have seen it stated so definitely before: "Statistics of early marriage would be enough to condemn it"?—I have nothing precise with me, from carelessness. I have something which says the ratio is fourteen to forty per cent. It is given by a foreign doctor.

32. Is that the mortality of children?—No, it is the ratio of the mortality of those who are married before twenty to that of those who are married beyond the age of twenty. I take it that is what it means. How you estimate it, I cannot imagine.

33. Perhaps you will like to send it in?—There is something from Giles to that effect—not as to mortality, but as to sterility.

34. Yes?—That concerns health too, does it not?

It depends upon its relation to puberty.

The reference asked for is as follows:—

MORTALITY STATISTICS TENDING TO PROVE THAT PREMATURE MARRIAGE IS PREJUDICIAL TO HEALTH

L'Hygiène Sexuelle et ses Conséquences Morales, by Prof. Seved Ribbing, p. 29:—

"Sur 1000 hommes mariés au-dessous de 20 ans, on a noté en France une moyenne de 29·3 décès; sur 1000 célibataires, la mortalité n'atteignait qu'une moyenne de 6·7. À la même époque la mortalité des femmes était la suivante:—

| Sur 1,000 femmes mariées. | | Sur 1,000 célibataires. |
|---------------------------|-----------|-------------------------|
| 14 mortes de | 15-20 ans | 8 |
| 9·8 | 20-25 | 8·5 |
| 9·1 | 30-40 | 10·3 |
| 10 | 40-50 | 13·8 |

La Statistique Humaine de la France (Naissance, Mariage, Mort), by Jacques Bertillon, p. 41 :—

“ Sur 1000 hommes vivants de chaque âge, combien de décès annuels :—

| Ages. | Garçons. | Epoux. | Veufs. |
|----------------|----------|--------|-------------|
| de 15 à 20 ans | 7 | 51 | plus de 100 |
| 20 à 25 | 13 | 9 | 50 |
| 25 à 30 | 10 | 6 | 22 |

“ Pour les femmes, les différences sont analogues.”

35. On page 120 you speak of the advocacy of this method because they are a preparation for the committing of the offence with impunity. Do you think the advocacy, apart from the supply of antiseptics, is a serious matter? Do you think it is the two or the both separately?—Either together or separately. May I say exactly how I state the case? You are proposing to co-operate here in the preparation for what is evil, and your co-operation has at least the semblance of evil in the eyes of the world; so much so, that you go to great effort to prove that what you are doing is not immoral. If there is that semblance of evil in your act, and if that act is likely to induce another person to do wrong, you must avoid that act unless there is grave reason, sufficient to counterbalance the evil of which you are the occasion to the third party. You mean it is a percentage of doing good one way or another?—You may call it that if you like.

36. You are assuming that we are recommending packets, and assuming that they were doing so much good that it would outweigh the other?—No, I should not put it quite so easily as that. May I say that I think the last answer would have covered the question put to the last witness? I think that somebody put that question to him. Whether, if he saw that there was to be complete blotting out of venereal disease from the use of prophylaxis, he would be tempted to use prophylaxis to procure that result? The issue is plain: either there will be or there will not be. Unless you can make up your minds that there is going to be a diminution of physical evil, which at the same time does not mean a grave increase of moral evil, then you must not do an indifferent thing which is going to occasion the moral evil.

37. Suppose it were considered possible to eradicate venereal disease in three years, would you give this packet system a trial for that time?—No, I do not think I should, unless you tell me something more—that the moral evil was not going to be increased.

That is the great difficulty; that is what we find it hard to judge. Your medical men are not agreed. One party says that prophylaxis will reduce the incidence of venereal disease, and the other says that if you do not do it properly there is an increase. There are Dr. Archdall Reid's figures to prove one side.

38. SIR FREDERICK MOTT. I was going to ask you what Dr. Routh has done. We recognise that large numbers of innocent

children and women suffer from sterility and from every form of disease that is possible. Sir William Osler, before the Royal Commission, said that he could teach every form of medical disease by the effects of syphilis. People are not aware that their disease is due to syphilis, owing to the fact that medical practitioners cannot put that on the death register. It cannot be realised the amount of disease which arises from syphilis, or equally so from gonorrhœa. If it can be shown to you that this system of prophylaxis would diminish the great evil of infection of women and children, and all the trouble which arises in consequence thereof, would you still object to it?—I am afraid I should, for the reason I have emphasised.

39. You can understand my point of view?—I can understand the medical point of view; I can sympathise with your point of view; only I do insist that you cannot separate the two points of view.

40. Do you not see that a great many people are made degenerate, and therefore made immoral by this disease?—Yes.

41. And the fact that a great deal of the crime and a great many of the prostitutes are from the mentally deficient class, and there is no doubt that syphilis plays a very important part in the production of mental deficiencies. That is one point. Then there is another point. You said, if it could be shown. Of course it has been with all the difficulty possible that Sir Archdall Reid was able to do anything. The authorities have been against us all the time. They do not give us any money to try this method at all. They support the National Council with large sums of money. It is not a fair trial?—That is so.

42. With regard to the fear of consequence: you say that that would diminish. Now with a large experience I have a great many medical men coming to me suffering from venereal disease, and Sir Arbuthnot Lane will bear me out when I say it has not had any effect in preventing them acquiring the disease?—Neither has their knowledge. I do not think the argument is safe, because medical men contract this disease. Neither knowledge nor fear is a safeguard.

43. Fear of consequences does not prevent them from acquiring the disease by promiscuous intercourse?—Fear won't. Fear cannot control all our impulses. There are things greater than fear—curiosity.

44. I think you said seventy-five per cent. of your candidates for the priesthood had a lack of will-power?—I did not quite say that. As a matter of fact, most of them would be rejected because it would be considered that they could not keep a rule, and so lacked the necessary character; and, of course, many discover this for themselves.

45. Do you think the Freud teaching is good?—Ah! I certainly should not think there is a categorical answer to that. What I think is this: that here is a new idea in psycho-therapy, and there are very great claims put forward in favour of this new idea. The claims, so far as I know, are not substantiated by figures. I

do not know the figures. If the claims are justified by figures, then I certainly think that the Freud psychology needs attention, and should not be laughed out of court or treated with contempt.

46. He left out the instinct of self-preservation?—He left out a good many things.

47. On page 2 you say, "Glands were slightly toxic." The hormones must go into the blood?—What I mean to say is suggested in various quarters in various forms. One form is that a substance, "spermin," is elaborated from the semen, and that spermin has a function to deal chemically with the waste products in the body.

48. You were not, then, referring to the interstitial glands which produce the hormones?—They are there.

49. They are there, but in resting a stage until after puberty, when they come to power, therefore they produce the secretion which passes into the blood?—Yes.

50. Do you not think that that has an influence on the psychic state?—I should not think it possible. May I ask how it would?

51. Because you may destroy the spermatic tubules altogether, and provide that after puberty these internal secretions of the interstitial glands still produce desire for sexual intercourse, so that it looks as if it had some chemical association operating on the mind?—Could it not be explained this way, that spermin, or whatever it is, has the effect of congesting the cerebellum, and that from this there arises an increased excitation of the nerves in the sacral region and they produce all the trouble?

52. I think the sexal hormone produces in young people that vague desire that comes after puberty, though they do not know what it is, and finally it appears?—I see.

53. It is an important point?—Yes, I think so.

54. SIR WILLIAM ARBUTHNOT LANE. You are the first witness who has given us an intelligible or sensible answer to Question 1. They have said that men may be perfectly healthy without sexual intercourse. Why are we having to urge girls to be careful? Why do we do this among men altogether? I take it there are no men and women who are not having regular intercourse—it may be in the married state; it makes no difference to the physical condition, and as long as they find they are physically better, they will have sexual intercourse. Won't they?—Yes, many will.

55. Suppose by an accident this man should catch venereal disease, I take it if there was no irregular sexual intercourse there would not be any venereal disease, and it would not matter. If we could obliterate venereal disease—which I believe must be done sooner or later—it must affect what is called morality?—It probably would.

56. Because what you pointed out is very clear. Very large numbers of people do not have irregular intercourse because they are afraid of the disease. It is not from the result of education. They like it, they feel better and happier, and they would have it if they were not prevented having it by the fear of the disease? by the fear of contaminating their wives?—And then you argue

from that that if you obliterate venereal disease you obliterate the fear of consequences.

57. Which would affect the morality in the extreme manner—what you call sexual morality?—I do not think you can affect morality from my point of view.

58. If you remove fear, people would have irregular intercourse more frequently than they do now?—I thought you argued that if you blotted out venereal disease, then you would have removed fear, and from the result of that you would increase regular or irregular intercourse, and that you would do away with morality.

59. Yes?—No.

60. If people had no fear of catching a disease they would not hesitate to be immoral?—I see. If people had no fear of disease they would be immoral, and therefore you would do away with morality. By that you mean everybody would be immoral of their own free will.

61. That is what it comes to, don't you think so?—That is, supposing that they are kept in check by fear.

62. You made a strong point of that?—I can see the point raised over and over again with regard to fear, about its being a low motive, ineffective in many cases, and so on. I do not think that matters to morality. Morality does not look at things from the point of view of physical fear. Morality means man's attitude to God.

63. DR. GARVIE (*occupying the chair*). Supposing the doctors came to an agreement as to the means to prevent venereal disease, what would you ask yourself?—Will this means promote morality, or will this means promote more irregular sexual intercourse? I should also consider a very important point—the reduction of venereal disease.

SEVENTH DAY

Friday, November 26, 1920

THE BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT OF SIR ARCHDALL REID

1. As far as I know, sexual continence before marriage is perfectly consistent with normal health. Otherwise, we must assume that sailors, explorers, Australian station hands, American cow-boys, religious celibates and the like tend to be unhealthy, or to practise "unnatural vice." Many domestic animals are perforce continent, and I never heard it suggested that they are any the less healthy on that account.

2. I think this question is badly expressed. Both self-disinfection and "early treatment" may be made, and have been made, quite effective. But the problem is not one of ideal perfection, but of practical politics. It has been proved again and

again that a little plain and simple instruction will cause men to disinfect themselves efficiently. But how is it possible to persuade sinners to seek Early Treatment Centres? Consider the kind of people who sin, and the circumstances in which they sin—in parks and fields, in lanes and passages, in brothels, hotels and private houses. The immense mass of immorality is not with prostitutes. How is it proposed to make known the Early Treatment Centres to these people? By advertisement and conspicuous situation of the centres? If a fiftieth part of their possible clients attended, we should have a new kind of queue, with many interested spectators. If the public became accustomed to such exhibitions, the end, I conceive, would be open and unashamed promiscuous intercourse. I take it that the proposal to establish centres is a mere form of “window-dressing.” It is not seriously meant.

3. I have no experience of disinfection before intercourse. I believe it would not be very effective. I know of no objection to it on sanitary grounds; but I think a man would be crazy if he trusted to it alone. In teaching disinfection it has always seemed to me important to make the instructions as brief and simple as possible.

4. Morality, sexual and other, is a matter of bias, of mental tone. It is learned by the child, or, as a rule, it is not learned at all. As the twig is bent, so the tree grows. The child acquires his moral tone through familiar intercourse with intimate companions. In England discussion of sexual matters is taboo between adults and children. But boys discuss them freely among themselves, and very often the discussion is obscene. By the time a boy has grown, his moral tone has set for good or evil, as any one may judge by examining his own past. He will alter very little subsequently. The idea that young men are so plastic that a lecture or a poster, advising disinfection if danger be incurred, will turn them to unchastity, is too silly for words. It can only be held by people out of touch with reality.

Candour and truthfulness are also virtues. In the present controversy there has been, on one side or the other, suppression of the truth, suggestion of the false, and even a good deal of positive lying. Sexual morality is not the only form of morality. The circumstances are such that there is no room for honest error. I have been in the thick of this conflict. I suggest, therefore, that I shall be especially cross-questioned on this point. There has been talk of compromise; but obviously compromise is folly with opponents that cannot be trusted.

1. THE PRESIDENT. I need not trouble Sir Archdall with regard to the first paragraph, as upon that every one is agreed. The second question, Sir Archdall, you think is fairly expressed: “Both self-disinfection and early treatment may be made, and have been made, quite effective. But the problem is not one of ideal perfection, but of practical politics.” Now would it be unfair to put it to you in this way, which do you think the better of

the two?—I should think what would do most good would be immediate disinfection.

2. After?—After intercourse.

3. You think that is better?—Yes.

4. That does not mean that you do not think that disinfection before is good, but you think that the other is better. Is that it?—I was looking at it the wrong way. I absolutely know nothing about disinfection before at all. I know nothing. I have never had anything to do with it.

5. But have you any opinion to give?—It is only a guess, and my opinion would be of no more value than the opinion of anybody else.

6. And is that the question you think badly expressed?—Well, I am afraid, not understanding what you meant, I have made a mess of it.

7. I am sure you would not do that?—I have made a mess of it. What I had in my mind when I was writing that was, self-disinfection as a method of preventing the development of venereal disease to persons who have exposed themselves to the risk of infection is, in practice, more efficient than "early treatment." I think that self-disinfection is infinitely better, because you can persuade a man to disinfect himself, whereas you would not get him to go round and attend these centres. They will not go at all. You see that, if a young man was running off to some centre, he would be advertising himself. I might also mention that three out of four soldiers get infected by amateurs.

8. Three out of four. Do you put it as high as that?—Yes, and these things are carried on in the villages just as much as in the towns.

9. And do you think that anybody who is going to have this connection will provide precautions beforehand?—I can only speak from experience. I got my men to do so, with the result that among them venereal disease was reduced to 1·5 per thousand.

10. That was because you had control over them?—I had no control. I was merely there as the Medical Officer, and when they left my room I had no further control over them.

11. You got in touch with them?—Yes, I got in touch with them in two ways: I lectured to them, but what I found to be far more effective, because it was always there, was to put up posters giving clear instructions.

12. And, in fact, asking them to come to you?—No, simply telling them what to do.

13. And that led them to appeal to your personality rather than anything else. It is rather difficult for a man to blow his own trumpet, but was it not your own personality?—No. I got in touch with these men and spoke to them from a lecture-room platform or in my inspection-room. You must consider that if I had a personality, every other man is open to an equivalent success.

14. Now with regard to No. 3, you have no experience of

disinfection before connection?—I have no experience of disinfection before.

15. But you say you believe it would not be very effective. Will you tell me why?—I think that if the disinfectant was applied beforehand it would get rubbed off.

16. Well, now, with regard to No. 4. I want to leave you really to the experts on the Commission, as I am really the most ignorant person present. You say: "Morality, sexual and other, is a matter of bias, of mental tone." That is what you say. Would you mind developing that statement a little further?—Well, I think that all morals depend, not on facts, but on a bias which is acquired in childhood. One gets convictions either through a bias, or else one learns it from evidence. A child learns through bias, but an adult learns chiefly from facts. Now you cannot teach such things as modesty and chivalry through evidence; you must give the person a bias; and in the case of morality, and especially sexual morality, unless that bias is acquired early, you cannot give it later. If you do not bring up a child with that bias then you cannot impart it afterwards. He will either be given a contrary bias by his companions, or he will be indifferent, and you will have to teach him by facts. I do not know what facts you can teach him by.

17. That is very clear, and I am sure you will be examined on that point. Then you would say that outside influence applied after childhood is ineffective as a rule?—Yes, if the bias has not already been given one way or the other. If the child has been biassed in the right direction during childhood, then outside influence will confirm that bias; but if he has been biassed in the wrong direction, then you can no more alter him than you can alter a Christian after five minutes' talk with him.

18. You think it is a good thing if the parents do have the pluck to give a bias?—It is almost impossible.

19. You lay great stress on parental influence?—Yes, parental influence if it can be exercised, but usually the intimate companions are more potent. It is hard for the parents to teach, whereas the companions would teach.

20. If it has to be done very young, where is the influence to come from to do it?—He gets it from his companions, the other boys. He learns it from the boys, and it is almost impossible for a parent with our present taboo to talk to the child in the same companionable way as the other boys would talk to him.

21. Is that not the fault of us having the taboo?—Certainly.

22. Ought that taboo to exist?—Well, I think not. At present teaching is almost impracticable.

23. Well, now, before I pass you away, I should like to allude to what you say here: "Sexual morality is not the only form of morality. Candour and truthfulness are also virtues." Now that is a fairly wholesale statement. Who do you consider to be parties to this who have indulged in this peculiar atmosphere?—Well, the Royal Commission suppressed the truth. The National

Council have suggested the false. The Ministry of Health has positively lied.

24. Then where is virtue to be found?—I think you must turn to me (*smiling*).

25. So long as I know. I was rather depressed when I read this, because I felt that I was living in a whirl. Now with regard to compromise. You must compromise, I presume, between these three undesirable acquaintances you have met in the course of your career. Is there any means of a compromise on the whole subject?—As I suggest, these things have been done, and it is extremely difficult to trust——

26. Anybody?—Not anybody, you must leave me as the exception (*smiling*).

27. If that Deity is not to hand?—You cannot compromise if the opposing party is not to be trusted.

28. Now I only hope that we may be able to affect something. I will say this, we are honest, whatever else we are, but a point with me is this, quite seriously, that I find in my own judgment two antagonistic parties or societies, and I see at the same time that both are aiming at the right. You have rather thrown a bombshell at me, because you imply that neither of them is quite honest?—No, one or the other, I do not say both.

29. They are not both honest?—I do not think they are.

30. Thank you, I will carry it no further, but what we feel is this, quite frankly, we who are not experts have an intense desire, first of all, for a high moral status in the English people, and, on the other hand, an intense desire not to have the transmission of these terrible diseases down a long avenue. We are trying to get at something like what is the best way of ensuring these two services. Would you strongly object to this position, that knowledge should be placed in everybody's hands, but that at the same time, whilst you place knowledge there, you should not place anything in the way of incentive towards wrongdoing in everybody's hands?—I would heartily agree with all you have said, but the whole question depends on whether it is true incentive or not.

31. Your position, I presume, would be this: that those methods which you, and many of you of greater authority, advocate, are not in themselves incentives?—No.

32. DR. PEARCE GOULD. With regard to No. 2. The comparison between self-disinfection and early treatment is a twofold one. We first of all would like to know whether the individual man is as able to apply the self-disinfectant as satisfactorily as a more or less expert official at an Early Treatment Centre?—Yes, absolutely, if the method of disinfection is made simply enough.

33. An efficient method can be applied by an individual himself?—Yes, I as a surgeon cannot disinfect such an organ as the penis with a swab of cotton-wool dipped in permanganate of potash any better than the man.

34. The other point is the advantage of the immediate application of the self-disinfection over a delayed application of the

same disinfection at a Treatment Centre. That is why the self-disinfection, in your opinion, is better than early treatment, because the individual can carry it out as efficiently, can do it more immediately, and he has not to advertise his action to anybody else?—He has not the trouble.

35. That is the meaning. You say in line five of your précis: "That a little plain and simple instruction will cause men to disinfect themselves efficiently." Do you limit yourself to men as opposed to women?—Yes.

36. Have you any evidence of the self-disinfection of women?—None at all.

37. Have you any opinion on the subject?—Yes, I have, but it is a mere opinion.

38. Would you mind giving it?—I think that the self-disinfection of a woman is extremely difficult, and ten to one would be of no value. That is a mere guess.

39. Then have you any evidence at all of the influences of your posters and directions upon the sexual life of a man under your control? Did this teaching of yours lead in any way to the lessening of immorality?—I should not think that it lessened immorality nor increased it.

40. Nor increased it?—I have no evidence.

41. You have no evidence on that point?—I have no evidence as to the effect on morality.

42. I was not asking a question upon morals, because you draw a sharp distinction between morals. I mean as to talking to these men, having put constantly before their views the possibility of infection and the means they would take not to acquire this disease. Did that have a deterrent influence on the men in fornication?—Early in 1917, almost the first thing, I gave a lecture to my men on the subject of disinfection. These men stayed with me three or four months. Never again did I give a formal lecture. Parties used to arrive and parade before me, and if a man arrived within twenty-four hours he was paraded before me, or my orderly, perhaps, would inform me that there was a party paraded outside, and I went out to inspect them for infectious diseases. I used to go out and look them over and then give them a little sanitary lecture, and tell them that I would not have these diseases brought into the barracks. If they went wrong, then they must disinfect themselves before coming back to barracks.

43. I have had the advantage of reading your books, and I follow your practice quite, but I only wanted to know. You have had a large experience in this matter, and you have told the Bishop that you do attach considerable importance, in addition to your talks to the men, to the fact that you have got these posters up. I want to know whether you think that the atmosphere created, first by your talk and then by the presence of these posters, did help the men to avoid fornication or not?—I do not see how it could.

44. I am only asking the question?—I do not believe it for a

moment, knowing what the soldiers are and their talk in the barrack-room. I cannot say that my talks had any effect on them in that direction.

45. I can conceive, though, that it may have impressed the men with the depravity of the thing?—The men meet in the barrack room and talk of sexual matters, and it is possible that a man would then go out and meet a girl and go wrong with her because he has been talked to.

46. Your talk to your men, or any talk on sexual matters with his doctor, that is not to be compared with the loose chat with the men in the barrack-room. You were talking as a wiser man, and if I may say so, as an older man, than the men you were talking to, and also as a doctor, and I can quite understand?—I was talking as a doctor, and I told these men that if they shook hands with a man who had the itch they must immediately wash their hands. Then, again, I told them that they must not go near a man in the same room who had measles, as they would be likely to take it, and also that they must not drink water when typhoid was about, and if they ever were such fools as to go with a woman, then they must disinfect themselves at once.

47. Don't you think that a man would not like to shake hands with every other man he came across when you told him that he must not shake hands with a scabic man?—You know——

48. I am not trying to drive you into a corner?—You are asking me to give a matter of opinion on which I cannot possibly have any knowledge, or any certain knowledge.

49. I am quite content with that knowledge. I do not want to drive you?—How can I have the knowledge?

I only asked you the question.

50. THE PRESIDENT. You could not tell whether what you told them would deter them, or whether it would mean that they would do the other thing?—I am afraid I used an offensive expression when I said that you were driving me into a corner; but I was unwilling to express an opinion on what I had not knowledge of.

51. SIR PEARCE GOULD. What was in my mind was that I thought you would be able to say yes. I thought, perhaps, you would be able to say that your influence, and the influence of the posters, had been helpful to certain men, and you would be able to help those men. That was what was in my mind?—The only way in which I influenced them possibly was telling them the horrors of venereal disease, and that might have frightened them.

52. DR. AMAND ROUTH. It seems to me that you rather emphasise the point of fear upon these men, rather than the fact that they could remain continent with advantage. You were impressing upon them the dangers of this disease rather than the advantages of remaining continent?—Yes.

53. Well, would it not have been more useful if you had urged upon them the healthful possibility of not going wrong?—For two years I lectured to the men, giving them moral lectures.

54. They were a different set of men, they came to you for a few weeks, and the parties of men were continually changing. You only gave the first lot a moral lecture?—For two years I used to give moral lectures, but I found that I might as well try to convert a lot of heathen into Christians after half an hour's talk, as to try and change the minds of those men on that subject.

55. You are aware some of us found fault with the first instructions to men of the S.P.V.D. Continnence was not mentioned in that edition, and the second edition said that it was obvious continence would save men from venereal disease. They gave instructions without advice?—In that book of mine I gave instances of what happened after a moral lecture. Some one came down, a very well-known man, and all the soldiers were got together and a moral lecture given to them. I did not attend it, but the men were obliged to be there. The next day I asked my orderly what kind of a lecture it was, and he replied that it was a good lecture. I asked him what was said, and he stated that the lecturer said: "Venereal disease was God's punishment for sin," and the men were saying: "It could not, then, be sinful to go with virgins and respectable married women." That is the lecture that was given, and the effect of it.

56. Can you tell me this, your experience has been mainly with soldiers?—Yes.

57. Not with civilians?—Very little with civilians; but you must remember that my soldiers for the last two years were civilians.

58. How are these questions of yours, or, I should say, these methods of yours, going to reach the civilians?—They are done in Portsmouth now.

59. Yes, I know. We have had Dr. Fraser here and have seen his poster and pamphlet. Do you think that is a good way of reaching the civilians?—Certainly. It is the only way.

60. Do you approve of his posters?—Quite.

61. Because they are on different lines as regards persuasion; they speak of the sin of fornication, and that the only way of avoiding venereal disease is by continence, and he put it rather more forcibly than you put it to the men. We have all seen these posters, and some of us consider that the advice given is very sound?—I was in duty bound, bound to tell my men that they must not go wrong, but I do not think it had much influence. That advice had to be given always.

62. You say you got into touch with the men by personal advice and also by posters, and you attached a good deal of importance to that?—I got into touch with the men as I might with anybody in this room, and I talked to them.

63. You said you thought that one of the best ways of helping them was by these posters?—Yes.

64. Are they the same posters that Dr. Fraser has?—Not quite.

65. On the same lines?—Yes.

66. Where were they posted up?—They were posted up in the venereal ablution-rooms, and I think it is rather fortunate that they stay to this day in the Portsmouth district.

67. As a matter of fact you would have no objection to using Dr. Fraser's posters?—No.

68. DR. EUSTACE HILL. You say that Early Treatment Centres are practically window-dressing?—Yes.

69. Do you say the same of all the Treatment Centres?—For soldiers?

70. I mean Venereal Treatment Centres that were provided?—Do you mean for treating civilians, because if so, certainly they are mere window-dressing.

71. Do you mean that at these recognised Treatment Centres there would not be the means for Early Treatment?—There is no harm in it even if there is no good.

72. Then you point out, I think, that by lectures and by the distribution of posters you are able to influence your men to take the necessary precautions so far as self-disinfection is concerned?—Yes.

73. And yet I gather from you that you think it is too silly for words to attempt to influence people to be moral by lectures and posters. Is that your view?—I do not think you can influence people by lectures or by posters to be moral.

74. You think not?—No.

75. Your figures show very wonderful results at Portsmouth in regard to the men under your care. Have you seen the figures with regard to the Army of Occupation on the Rhine as to the prevalence of infectious disease?—I have not seen the recent figures, but I think it was about 200 to 250 per thousand per annum?

76. And we have had it told us that every possible step for some time has been taken by means of blue light stations and advice as to the use of packets and other means to prevent venereal disease. If that is so, does that not rather upset your view, or the view you put forward, that the issue of these packets with certain posters will prevent disease?—We were told that during the War all that was done at home. But so shockingly bad was the teaching that I wrote letter after letter to the War Office, begging and imploring them to take some steps in this direction. I even wrote and offered to go at my own expense to the worst district in England and almost clear it of venereal disease. I offered to go to any port of embarkation and guarantee that most of the men came back free from infection. Later I offered to go to Germany and do the same thing. They accepted this last proposal of mine, but they wanted to send me out as a civilian. I said I would not go out as a civilian, as already I had been humbugged about by them. I also pointed out that if I went out as a civilian I should be obstructed in my work. I insisted on authority.

77. My point is, according to the statistics, which I have not heard are inaccurate, there has been an enormous increase in

venereal disease among the Army on the Rhine?—I was conscious of it long ago.

THE SECRETARY. The War Office * sent a letter to us the other day which is in opposition to what you say.

78. DR. EUSTACE HILL. In what way?

THE SECRETARY. It has diminished.

79. DR. EUSTACE HILL. In the last month or two, I remember that perfectly well; but the point is, that according to the evidence we have had, this use of packets and blue light rooms has been going on many months without any material reduction in the prevalence of venereal disease, and if that is so, what had good results with Sir Archdall Reid has failed later on the Rhine. We gather that everything is being done. I was told that the Commander-in-Chief would stand on his head in the market square of Cologne if he could reduce venereal disease in any way, and yet we hear that there has been an increase among the Army on the Rhine, and that seems contrary to what you get at Portsmouth?—The whole gist of the matter is this: it is alleged by some people that every care had been taken, and the fact is, that no care was taken. It was alleged formerly that every care was being taken with the Army, and at the same time letters were arriving from me and others imploring the authorities to take better measures. I wrote to the War Office about the matter and I caused questions to be asked in Parliament. The very people who are now saying they took such great care, stated in Parliament that there was not much disease in Germany.

80. That might be because the information they had was not complete?—It is notorious that the soldiers coming back from Germany were swamped with disease. All the world knew that; the Army knew it perfectly well.

81. You may not be able to give official figures in Parliament, although there may be a general knowledge, and those figures may not have been available when the statement was made?—They should have said that they were not available, and should not have made a positive statement.

82. Can you give me any reason why the opposite society are putting forward a *suggesto falsi*, why the Ministry of Health are lying on this important question?—You are asking me now for motives. There is the Portsmouth Garrison and the Portsmouth Area. The Portsmouth Garrison is part of the Portsmouth Area, which extends over the greater part of Hampshire and Dorsetshire. Lord Willoughby de Broke asked in Parliament for information concerning the Portsmouth Area. He was answered in Parliament by the representative of the Ministry of Health, and was told that the amount of disease in the Portsmouth Area was two and a half times that of the rest of England. I contradicted it, and I stated that the Ministry had probably included the disease introduced from outside into the Area, imported by drafts and by troops from overseas, and that they had also included the disease among the Royal Air Force, the Colonials and the Americans;

* See Appendix III.

and I contended that the disease in the Portsmouth Area among the resident and instructed soldiers was less than one-tenth of what was stated. That is to say, he made it out to be about 150 or 250 or so, whereas I said it was one-tenth of that. Then a White Paper was published in which it was admitted that a great error had been made. It seems that the ingenious person who had compiled the statistics had taken all the disease in the Area and all the imported disease, as well as the disease occurring in the Royal Air Force and the Colonials and the Americans, and attributed it all to the small garrison of Portsmouth town. Thus he got these enormous figures. Now quick disinfection was applied in 1919 by the A.D.M.S. of the Portsmouth District. In Portsmouth the incidence of disease was ninety-two per thousand in 1917, while the rest of the country was thirty-eight per cent.; but in 1919 Portsmouth Town had fallen to fifty-four and Portsmouth Area had fallen to forty-seven, whereas the rest of the country had risen to sixty-four. The person who wrote that White Paper stated that the reason why Portsmouth Area had not risen with the rest of the country was because there was no port of entry in the Portsmouth Area, and therefore it did not receive disease imported from overseas. Now Southampton is an enclave in the Portsmouth Area, and every soul that comes to Southampton goes through the Portsmouth Area, and the Portsmouth Area was crammed with troops from overseas when that lie was told by the Ministry of Health, and nearly all the disease in the whole area was imported through this place.

83. Quite. Admitting that everything you say is correct, don't you think your statement that the Ministry of Health is guilty of deliberate falsehoods is strong? They may have been wrongly advised by some officer, but to doubt their *bona fides* is, I think, going far too strongly. That is my point. I know of all you have told us?—You were asking me a question of motive and I say that the untruth has been published, and attempts had been made to establish the untruth by more untruths; but what the motive was, I do not know.

84. DR. AGNES DUNNETT. I shall value your opinion. You attach importance to the early bias, and also, later on in life, to personal disinfection. Is that your view?—Yes.

85. Do you think that the early bias is of great importance? Would you value it equally with disinfection later?—Yes.

86. Taking growing population of the world?—Yes, I think a child can be taught anything. It can be biassed in any way.

87. You say that the parents should teach, but do you think that the women are teachable? Are they not generally held to be more plastic than men?

THE PRESIDENT. That is a matter of opinion.

88. DR. AGNES DUNNETT. Do you invoke a powerful co-operation of mothers for dealing with the venereal problem?—I think the more the mother teaches, the better it will be, but the mother is enormously handicapped because of convention. If I could discuss questions with my boy in the same way as his

schoolmates discuss matters with him, it might be all right, but I cannot do that, because I am sure I would have an air of guilt and constraint, and he would think I was guilty, because he had been taught the convention between people of different ages.

89. Don't you think that mothers are more with their children than fathers, and that the mother can have more of a little private talk with the boy than the father can?—You are asking me for an opinion. Well, I do not know that I have knowledge enough.

90. Do you think that if all this money is going to be spent on blue lights and Early Treatment Centres and Venereal Clinics, that there might be a little more instruction of mothers, so that they might be taught to instruct their children?—Undoubtedly.

91. Do you think that existing organisations might be used, such as Welfare Clinics, for this purpose?—Yes.

92. With posters or with lectures?—I do not think lectures would have any effect.

93. Women are very impressed with the spoken word?—I know little about women.

94. SIR HUMPHRY DAVY ROLLESTON. Have you any experience as to the result of the prevention of venereal disease as between two methods, the early treatment and self-disinfection?—I have no experience of early treatment.

95. Do you think that there is any difference in the principle involved in early treatment and in self-disinfection?—No.

96. None at all?—No.

97. We should agree that those who advocate early treatment are inspired by the same wishes as those who think that self-disinfection is advisable?—Yes, quite.

98. So that the two might very well combine?—Yes.

99. Is there any reason why it should not be combined?—Except that, so far as I am able to judge, the early treatment would be perfectly useless; no one would benefit.

100. Because it is a matter of time?—Yes, but it is possible to do these things, but you will not get men and women to do it, especially the girls, for example, the servant-girls, who are out for the evening, as well as the young man who would have to get up early to work. They would not care to go to a centre, and the young man, having to go to work, would not have time.

101. Do you think that self-disinfection favours sexual intercourse?—I think it would have no influence one way or the other.

102. Does the question of fear enter largely into the young man?—So far as my experience goes fear drives men, not from sexual intercourse, but from the prostitute to hunt after the amateur.

103. DR. MARY SCHARLIEB. You have spoken of the suppression of the truth. To what body are you referring?—To the National Council for Combating Venereal Disease.

104. No other body?—I especially referred to the Royal Commission.

105. The men who served on that Commission were honourable men who were not only members of the Commission, but who also

sat in the witness chair, and who replied to everything that was asked them, and who also had, of course, the opportunity in their précis and later of letting us know on what they wished to be questioned. If you run over in your mind the names of those medical men on that Commission, may I venture to inquire whether you think they are the sort of people who would suppress the truth?—Some of them wanted to bring the question up, but were deterred from doing so, as they did not wish to smash the whole Commission up. I know that. We have the fact that at that time this prophylactic prevention was being practised all over the Continent, and although that Commission was appointed, amongst other things, to deal with prevention, not one word was said about it.

No, not in the narrow sense of prevention by packets or anything of that sort, but we did deal with prevention so far as moral means were concerned, and the raising of the moral and spiritual tone of the nation. When you recollect the names of those medical men of this Commission—(Dr. Scharlieb gave a list of the names)—I say that those men whose names I mentioned were incapable of suppressing the truth.

106. PRINCIPAL GARVIE. Evidently, from all that you have said, you do not believe in the possibilities of moral influence through moral teaching in daily life?—No.

SIR FREDERICK MOTT. I must say I was on that Commission. I had previously published a statement to this effect: in the fourth volume of the *System of Syphilis*, Metchnikoff described his experiences with calomel ointment, which was being used in the Army and Navy abroad, and I saw no reason why it should not be used in the civilian population. I spoke to Lord Sydenham and Sir Malcolm Morris. I have all along taken that view, but I was told that it was impossible, and I had to accept it on this ground, that we were getting a good long way further than we anticipated we could, but I hope the scientific treatment of this disease will be adopted. You have seen this pamphlet, perhaps. It is called: *A Sketch of Army Medical Experiences during the European War, 1914-1918*, issued by the National Council for Combating Venereal Disease, and it is written by Brevet-Colonel L. W. Harrison. In this paper he states: "I will relate only one instance given to me by Colonel Walker, in which 2426 successfully disinfected within an hour, from which there were only two cases of venereal disease. This alone seems sufficient to prove that if it were possible to have every man who had exposed himself promptly disinfected, there would soon be an end to venereal disease. There was no disinfection on the compulsory basis. In our armies, both Imperial and Colonial, disinfection has been on a voluntary basis, and the conditions there have been more akin to those which may be expected to prevail in the civilian community." Later on he says: "The methods pursued in the Imperial Army at home have been as follows: In 1916 ablution chambers were set up in barracks, where the men could disinfect regularly with a solution of potassium permanganate and an

unction of calomel ointment. They were not a success because the Medical Officers did not take any great interest in them, and in the middle of 1918 a new system was adopted under which any man could get a potassium permanganate solution with which to swab the penis and also a thirty per cent. calomel ointment." Further on he gives a table which requires some explanation: "Venereal disease patients and frequency of precautions said to have been calomel and potassium permanganate." He gives the following percentage: "Application within one hour 1·2; within four hours 0·8; within ten hours 0·4; later 0·26;" so that there is a decrease after each hour of delay, which is contrary to every experience possible. "Application of calomel tube only: within one hour 0·6; within four hours 0·13; within ten hours 0·2; and later 0·2. With permanganate solution, within one hour 0·8; four hours 1·8; ten hours 0·5; later 1·8. It seems to be contrary to all scientific experiences.

SIR FREDERICK MOTT. I know Surgeon-Commander Boyden instances 923 disinfected, and only one case was infected, and that was because there was six hours' delay. These figures are misleading.

THE SECRETARY. What are they?

SIR FREDERICK MOTT. Colonel Harrison's *Sketch of Army Medical Experience*, issued by the National Council.

WITNESS. I visited the Hilsea Hospital, and there was a good deal of chaff between me and the other doctors, as I said: "We are going to knock you fellows out; we are not going to have any venereal disease." "With your permanganate dodge," they said, and I replied, "Yes." They then said, "We have hundreds of people here who have disinfected immediately afterwards with permanganate and yet they are infected." "Yet," I said, "it is an odd thing that after twenty-eight months I only got seven cases, and not one of them was disinfected at once." "How in the world could you get that result?" they asked. It was arranged that careful questions should be asked the men to find out exactly what each man had done, and it was found that at first man after man said that he had disinfected at once, but, on being more closely questioned, the men admitted that they had not been disinfected at all; they did not want to incur blame. So that after five months there was not a man who had disinfected at once.

107. SIR FREDERICK MOTT. With regard to the fact that it is no use using potassium permanganate before connection?—So far as I can judge it is no good.

108. Unless it is indicated, he might think it is a preventive altogether. It shows the necessity for careful teaching?—Yes.

109. Because a man might think that after he had used potassium permanganate, that he was perfectly safe, and with regard to calomel ointment, it can be used before and after. If it is used only before, it will not protect against gonorrhœa, and if it is only used after, it will protect against syphilis.—Boyden has more experience on that point than I have. Boyden

found that calomel, used after, was a sure preventive against syphilis, but was not a preventive against gonorrhœa.

110. What did you use?—I used only potassium permanganate.

111. That is safe?—I found it so.

112. Supposing in the civilian population a man goes home and sleeps with a woman. He might think if he disinfected once he was safe. Unless it is clearly pointed out to him that he must use it after each intercourse, it would be a failure, would it not?—Yes, I think it would.

113. It is essential, therefore, that these facts should be taught to the man?—The gist of the whole thing is clear and simple instructions.

114. It is like antiseptic surgery?—Exactly.

115. Scientifically it is a perfect method if it is carried out scientifically?—Yes.

116. That is your position?—Yes.

117. THE PRESIDENT. I think there may have been some misunderstanding. The tendency has been to suggest that you do not lay much stress upon moral influence. That is, as far as I can gather, quite incorrect. You do lay stress upon moral influence at the proper moment?—If you take a child you can do anything you like with it. Adults, as a rule, are unteachable.

118. With regard to your own moral influence, when you are dealing with your soldiers you give instructions, and suppose temptation came immediately after your instructions, these instructions might have been effective. Is that your position? I gather your idea was this: however convincing it may have been in its effect, if a man comes upon temptation in drink, or anything like that, he might forget everything you said and thus fall?—I think you know that I gave them moral instruction. I do not think you can influence a grown-up person.

119. There are three gentlemen present whose profession has gone under those circumstances. Had not we better retire and get a living under some other circumstances?—You can confirm the faith of the converted, you can reinforce their faith, but what you cannot do in five minutes' talk is to change that man's point of view, and all I had in the way of opportunity was a five minutes' talk.

120. We have no chance of putting the nail straight by hammering away. I think you said something about the want of influence on the grown-up. It was what you are able to do with the grown-up in the single case, and not what might be done. Supposing a young fellow has been rather weak and guilty because we have not given him a bias in the right direction, he would surrender?—Yes.

121. DR. BOND. Supposing, as we hope it may be, that V.D. and promiscuous intercourse were dissociated by self-disinfection or any other efficient method, and supposing venereal disease was wiped out in that sense, would promiscuous intercourse be in any sense a menace to the stability of the nation or to its welfare? Would an increase in promiscuous sexual intercourse, practised on a large scale, be a serious menace to our

national family life apart from morals? Have you any anxiety about it?—You are asking a question with so many sides. Do you mean our character as business men or as patriotic men?

122. Speaking of family life, cohesion of family life?—I do not think it would have much effect.

STATEMENT OF J. H. SEQUEIRA, M.D., F.R.C.P., F.R.C.S.

*Physician to Skin Department and Lecturer on Dermatology
and Syphilology, London Hospital*

1. I AM of opinion that, as a general rule, sexual continence is consistent with normal health.

2. The extremely simple technique of immediate self-disinfection properly carried out is the most efficient of the methods of preventing development of venereal disease in persons who have exposed themselves to the risk of infection.

The next in efficiency is disinfection by skilled attendants within, at the most, two hours of exposure. Unfortunately, it is impossible to carry this out in civil practice, for the following reasons :—

(a) In large towns the disinfection must be done at centres. Such Ablution Centres (I refuse to use such a palpably misleading term as “Early Treatment Centres”), to be of service, must be well known, and once they are well known they will be shunned.

(b) Ablution Centres are impossible in small towns and country districts.

(c) They are impossible for the large number of seafaring men who run the risk of infection *just before* leaving port. A very large proportion of venereal disease is conveyed about the world by sailors, and all seaports are hotbeds of these diseases. Only the large passenger ships carry doctors.

The least efficient agency for preventing the spread of venereal disease is the Venereal Clinic. Medical treatment is only given to patients with declared disease. Thorough treatment renders a patient free from infection, but at least forty per cent. of the patients suffering from syphilis fail to complete the prescribed course. The majority of the persons suffering from gonorrhœa never attend a clinic at all, and the proportion who complete the prescribed course is even lower than in the case of syphilis.

Therefore, in spite of a large and increasing expenditure of public money, and the strenuous efforts of a highly-skilled staff, the net result is highly unsatisfactory.

3. The reply is, that admirable results are obtained with several methods of self-disinfection. The parasites of syphilis and gonorrhœa are easily destroyed by antiseptics. The essential point is that the antiseptics should be applied immediately. Any delay is dangerous whatever antiseptic is used.

4. I cannot conceive the possibility of increasing promiscuous intercourse by the dissemination of information as to the urgent need of immediate disinfection. If the absolute necessity of disinfection could be firmly inculcated in the public mind, it would do more to discourage promiscuity than the appeals now made. I have no faith in the present system, which consists of :—

- (1) An energetic propaganda insisting on the gravity and the dangers of venereal disease, and exhorting the public to avoid promiscuous intercourse, and
- (2) The promise of a rapid cure anonymously at the public expense should the warning be disregarded and disease develop.

I am of opinion that the present conditions show this system to have failed to check the volume of venereal disease.

I hold very strongly that the urgent need is education. The young men of the nation must be insistently taught by parents, by schoolmasters, by lecturers, by posters, in every way :—

- (1) That continence is compatible with health.
- (2) That the only certain way of avoiding venereal disease is to avoid promiscuous intercourse.
- (3) That those who insist in indulging in promiscuity owe it to the community, more even than to themselves, to prevent themselves from becoming infected.

It would then follow :—

- (4) That the contraction of venereal disease in illicit intercourse is evidence of negligence.
- (5) That the conveyance of disease to another person is a crime.

THE PRESIDENT. I reserve any questions until the others have put theirs. I quite admit I am not qualified to deal with the medical side, so, Dr. Bond, will you begin? We may take No. 1 as settled. There is unanimity about that, that sexual continence is consistent with normal health; it is practically a unanimous opinion. It is important that people do not realise how important that is. What a number of young fellows are told is, that to be healthy they must be incontinent, and I think it is a great thing that we have had that practically unanimously from every witness who has come before us.

1. DR. BOND. You do not regard the Venereal Disease Clinic as of much value; it is not, you think, an efficient agency for preventing the spread of venereal disease? Do you consider that any of the Venereal Clinics may have an educational value? In spite of several Venereal Clinics one happens to know that there is a good deal of educational work done?—If I am right in understanding the question, it is the relative efficiency for preventing the spread of venereal disease. I am in charge of one of the largest in London, and the patients who come to me are already infected. The only way in which we can in any way prevent

the spread of venereal disease by the Venereal Clinics is that by treating the patients we shorten the period of their infectivity. If we shorten the period of their infectivity, to that extent we are tending to prevent disease. I ought to add, a very large proportion of our patients leave the clinic without completing the necessary course, and many leave the clinic still in an infectious condition.

2. In regard to the next paragraph, is the result known? Is there any definite knowledge in regard to the results obtained at the clinics? One agrees there is a large expenditure of money. One wonders whether any results are known definitely in regard to their influence in combating disease?—In regard to the results, one can say that the number of fresh patients is increasing. There was a tremendous increase in 1919, after demobilisation, and in 1920. I have statistics for the first half of 1920, and the numbers are still going up. That, I maintain, showed that the system is a failure.

3. What is your view as to the best methods of preventing the development of symptoms, after exposure or before exposure to risk?—I have no experience of disinfection before. I know, for instance, if Dr. Routh were going to examine a woman he would disinfect before he touched her and he would disinfect after. I know nothing about disinfecting the male genital organs before coitus. The actual disinfectant does not matter so much as the method of application and the time—and every minute means more risk.

4. What do you think of ablution alone, soap and water without any disinfectant? Is that a reasonably efficient method?—It is better than nothing, of course.

5. Does your view of self-disinfection include what is known as the packet system?—No. With regard to the packet system, the packet, of course, is simple, and is a convenient method of getting disinfectants. What I would like is this: If anybody wants a disinfectant, they should be able to go into a shop and get it; in fact, I should like to follow the lines taken by the Medical Federation of Women on that point. In their report they approve “of the sale by chemists, to those who wish to purchase them, of calomel ointment and permanganate of potash, as long as the public is aware that these things are not remedies for venereal disease.”

6. These packets are prepared with a single definite purpose in view, whilst the ingredients may be used harmlessly?—Quite right.

7. DR. AMAND ROUTH. With regard to self-disinfection before. We have heard, chiefly from the point of view of protecting women, that vaseline is useful to avoid contact and abrasion. Don't you think, employed for prevention before exposure, it would be useful?—I think it is quite possible simply as a film for reducing friction and the risk of abrasion.

8. With regard to your fourth point at the end of the *précis*, what importance do you put upon that? What are you going

to do about that negligence? What is your object in putting that in there?—That everybody should be taught that. That is one of my five points, that every boy or lad should be taught that if he gets venereal disease it is his own fault, with the exception of a very few cases in which circumcision should have been performed in early life. They should be taught the risk of going with a loose woman, and if they do, it is their duty to disinfect themselves.

9. I thought you were going to make it punishable. If a man gets venereal disease it is punishable; it is a crime?—The point I make is, that it should be taught that it is negligence.

10. Your fifth point reads: "That the conveyance of disease to another person is a crime." Do you propose to have it treated as a crime?—I should like that.

11. Will you tell me what sort of lines you would go upon? It is Clause 40 D which is now in abeyance. Is that what you mean?—I should like to have the power, for instance, of punishing a man who knowingly infects his wife.

12. Apart from marriage?—Well, I think as a corollary; it would be a good thing for the State.

13. The Venereal Disease Commission discussed this matter, and I think decided that the nation was not ripe to make it criminal in the sense you mean, and it was going to be put right by the nation becoming aware of things by education, because it would involve, would it not? the detention of the individual until the cure was complete, otherwise there is not much good in doing it. You say that forty per cent. of the cases failed to complete the cure prescribed. Unless there was some form of compulsory detention you would get the same results. If a man is known to spread infection to somebody else, it means that he has got to be treated if he is taken as a criminal, and in order to do much good you would have to detain that man until he is cured?—We would not be doing any more than is being done.

14. There is some escape of cases. I understand they are not all infective at the time they disappear?—A great many are infective, and especially cases of gonorrhœa.

15. You consider a large proportion of people with gonorrhœa do not turn up at all, never attend clinics at all?—That is so, yes.

16. And in the case of both sexes, that may be one of the causes of increased sterility, may it not?—Certainly.

17. Have you any views on the subject of compulsory notification?—I am in favour of compulsory notification.

18. Even with the results hitherto obtained in America and the Colonies?—That is a matter of time.

19. They are not satisfactory?—No, it is a matter of time.

20. Because of the escape from treatment?—Yes, exactly.

21. Have you any views with regard to the matter of health certificates before marriage?—I have. I have no experience of them. It would be a very fine thing to have a health certificate before marriage.

22. Have you considered whether it is conceivable?—I have

thought of it, yes. For instance, if I had a daughter, and she wanted to marry, I should want to know whether the man was suffering from venereal disease.

23. Have you come across instances where that is being done? Mothers are very careful to get some sort of knowledge of that sort?—Yes.

24. THE PRESIDENT. Do you think that is coming within a feasible position in the kind of society with which you deal?

DR. AMAND ROUTH. I find, quite voluntarily, especially parents of daughters do like to know something about the intended bridegroom. That is what Dr. Sequeira meant, people are asking for a health certificate apart from compulsory notification.

THE PRESIDENT. That is a very important matter which we ought to consider.

THE SECRETARY. Yes.

THE PRESIDENT. That has been asked about. It is important that that subject should be mentioned.

DR. AMAND ROUTH. It is not only in regard to the men. A great number of young girls are known to have been infected, and parents have come to ask whether they ought to take any steps to find out the health of the bride.

25. DR. EUSTACE HILL. We all know that a large number of people do not complete treatments, but is it your opinion that forty per cent., or anything like that, not gonorrhœa, are non-infective in the case of syphilis? My own personal experience is different, that while a large number do not, the great majority in the case of syphilis do continue until the lesions have disappeared?—Until the lesions have disappeared. If they are followed up, you will find that many have become in an infective stage again. All the Venereal Clinics are now getting a recurrence of syphilis in the ex-soldiers who were treated during the time they were in the Army.

26. They may be re-infections?—No, they are definite recurrence. The disease has been held in check for a time by the Army course, and they were demobilised, and have had a relapse, and they come to our clinics.

27. You state that your view is that the Treatment Centres have failed to check the volume of venereal disease?—Yes.

28. Might not that be for two reasons? One is that the propaganda work taking place is making more people go to the centres than would otherwise go, and, secondly, that until very recently the number of clinics have been, and are still, utterly inadequate to meet the requirements of the population. Is not the system inefficient rather than ineffective?—That was the point which was raised by the Ministry of Health when I had the honour to appear before Dr. Addison, and my answer was, and my contention is, this: that there is a definite increase in venereal disease: (1) because I am seeing more cases of extra-genital chancres, that is to say, there must be more spirochætes about for people to get sores on their lips, etc.; (2) there is a marked increase in the

amount of gonorrhoeal ophthalmia, as shown by the Ministry's statistics.

29. The Treatment Centre system is capable of very great extension, and in the great majority of districts in the country the number established so far is inadequate?—I am simply referring to the statistics in my own hospital, where in that particular district we have had these definite increases.

30. There is one other question upon what you say on page 2. "An energetic propaganda insisting on the gravity and the dangers of venereal disease and exhorting the public to avoid promiscuous intercourse," and you contradict yourself when you say: "I hold very strongly that the urgent need is education by schoolmasters, lectures, posters, and in every way advocating that continence is compatible with health, and that the only certain way of avoiding venereal disease is to avoid promiscuous intercourse." That surely is the point put forward in propaganda work which you seem to decry?—I have no faith in this type of propaganda, which also promises a rapid cure at the public expense should the warnings against promiscuity be disregarded.

31. That is the point. Does any lecturer commence talking about this by promising a rapid cure?—The posters of the National Council on the terrors of venereal disease also say, "Get cured as rapidly as possible."

32. There is no promise of a rapid cure. There is no suggestion. I have not heard any competent lecturer recommend or promise rapid cure, and it seems to me that you are putting it rather unfairly?—But is not that the present system of propaganda: if you get the disease run to the nearest hospital and get cured?

33. There is no promise of getting cured. They say, if you get the disease, do your best to get cured. The lecturer would not promise a rapid cure. I, as a propagandist carrying on a strong propaganda in my own town, know nothing of it?—If you take the posters I have seen, you have the terrors of venereal disease put up in one, and if you look at the advertisements in the daily Press, you get the statements about going to the nearest hospital and taking the earliest opportunity to get treated. The question of "rapid" cure is perhaps rather an exaggeration.

34. I have no faith in that as a system. Don't you seem to advocate it? I do not see your mental standpoint?—The next point, the third point, reads: "Those who insist in indulging in promiscuity owe it to the community, more even than to themselves, to prevent themselves from becoming infected." I do not say they must wait until they get the disease; that is the present system. I cannot agree with propaganda on those lines.

35. Would you advocate the selling of packets, or would you just go on as you are at present, allowing anybody—as may be done—to go into the chemist's and ask for permanganate of potash or calomel ointment? Or would you go so far as to advocate that chemists should be able to advertise the sale of these packets and preventives?—They should *not* advertise?

36. Yes?—No, people should go and buy ointments and lotion.

37. They can do that now?—No, they cannot, except with a prescription. I think some one ought to supply instructions as to how these things can be used. It is no use giving calomel ointment without instructions.

38. You would not allow it to be done by chemists and druggists? Assuming they could, they should be issued as at Portsmouth?—Certainly.

39. Would you allow, as has been suggested by the Amendment of the Venereal Disease Act, that chemists should be allowed to advertise and recommend the importance of these prophylactic methods?—I do not see any reason why they should advertise. The advertising should be done by the Medical Officer of Health.

40. You are not in favour?—No.

41. DR. F. B. MEYER. I should like to ask whether, in dealing with young life by lecturers or ministers or others, it would not be a wise thing to lay more stress on the matter of relief which comes once in a week? I have found again and again, in dealing with young fellows, that nothing has helped them more absolutely than to lay stress on that natural relief to encourage them to feel that there is no sin in it. It is no extreme thing to find young fellows who have been brought up in ignorance who think they have committed an immoral act in that respect. Do you think more stress might be put on that point?—I quite agree. I have been consulted by young men who were in terror that something had gone wrong.

42. MGR. PROV. BROWN. You say that the conveyance of disease might be made a penal offence. Do you think it is practicable to get satisfactory evidence in many cases?—Not a great many cases—in others, however, yes.

43. For the residue, you think it is worth while?—Yes, and as a matter of warning.

44. It may act as a deterrent?—Yes.

45. SIR HUMPHRY DAVY ROLLESTON. In the early part of your examination the packet system turned up, and I rather gathered that you draw a distinction between the packet system and early treatment. Are they not the same? You do not draw a distinction between self-disinfection and the packet system?—The packet system is one means of carrying out immediate self-disinfection.

46. Do I gather that you are not in favour of the packet system?—I am in favour of self-disinfection, but the packet system is not essential.

47. The packet system means carrying it about?—You mean the term “packet system” has been fastened on to this as a term of opprobrium. Means of self-disinfection might be put up in a bottle or in a piece of paper by the individual.

48. But it is a packet system?—There is no essential difference.

49. I was rather afraid your evidence might be made to show that you are against the packet system, and would be opposed to any method of self-disinfection?—I hope nobody has

misunderstood me. I do not want to be labelled as an advocate of a certain method of self-disinfection. I take it, by the packet system is meant calomel ointment and permanganate of potash in packets.

50. There is rather a tendency to avoid the packet system. You might call it the envelope system; it is the same thing?—Call it a method of self-disinfection.

51. MGR. PROV. BROWN. Surely that is equivocal. Many call it prophylactic. Could we get that clear?—By the packet system I mean something a man has got to get preparatory to connection, and he may say I may, or may not be likely to go wrong with a woman. I have this in case I do?

THE SECRETARY. Is not the "packet system" wrapped up with the idea that packets are going to be supplied indiscriminately, by some authority, to all and sundry, or something of that kind?

52. MGR. PROV. BROWN. Before or after?—I speak of post-treatment, immediate post-treatment. If it is post-treatment he must have the material with him. I have no knowledge of the use of antiseptics before.

53. THE PRESIDENT. Then I take it you go so far as this: To have chemicals at the chemist's shop, not made up in the form of a packet, which is to be sold for one definite purpose—that is, to disinfect after having had connection?—I see no harm in that. If I may be allowed, may I ask a question? What difference is there between that and having Ablution Centres? Is there any moral difference in having a packet at a chemist's shop, which may be used after intercourse, and having an Ablution Centre, as Colonel Harrison worked out should be in public lavatories? The moral difference seems to me impossible to define.

54. SIR HUMPHRY DAVY ROLLESTON. Do you pin yourself down to saying that it should be solely post? When you are in favour of self-disinfection, do you wish to go down to posterity as having said that you limit yourself to disinfection after the act, and limit the man's option to disinfect after the act?—An obstetrician disinfected before and after, and there is no objection to disinfecting before or to the use of vaseline, which was raised by another member of the Committee.

55. DR. MARY SCHARLIEB. Do you not think that the nation has wakened up very much to the dangers of this disease?—I do.

56. And do you not think that energetic and careful teaching of parents and employers of young people on this question of prophylactic methods would do good?—That is a useful method of prophylaxis.

57. And you find people who are now asking you whether they are fit for marriage?—Certainly.

58. So do I. Young women come and ask whether they should marry?—I have them come in to me even as out-patients at hospital.

59. DR. GARVIE. We are not quite clear on the point of the packets. I want the difference set out definitely. Would you favour us with an opinion on this method of handing out to the men indiscriminately the packets whether they ask for them or not?—Certainly not handing them out. They should be asked for.

60. Would you agree with me that it would be taking too great a moral risk or responsibility to suggest incontinence to a man by offering him the means of preventing disease?—I do not suggest that at all.

61. SIR FREDERICK MOTT. Practically you follow the lines of Dr. Fraser?—Entirely.

62. Those were your lines?—Yes.

63. It is a matter of indifference whether a man uses, say, calomel ointment or permanganate of potash immediately after, but the point is, the packets should not be given away unless they are asked for, if they have been told the dangers and so on?—Yes.

64. And if the Medical Officer issued the directions, as Dr. Fraser has done, they would not need then to be instructed by the chemist?—No.

65. THE PRESIDENT. Is there any great danger if you allow the chemist to be the adviser and chemist; whether you are not allowing him to be prescriber and dispenser right away through the whole scale of the disease?

SIR FREDERICK MOTT. Might I suggest that the Medical Officer of Health should issue to the chemist the instructions, so that it would come from the Medical Officer of Health?

THE PRESIDENT. There are chemists who do give absolutely wrong and misleading advice and prescriptions. What I want, if I may so put it, whatever we do with the moral question, is this: whatever is done should come through the doctor, and not from the chemist.

66. MGR. PROV. BROWN. Would the witness permit the chemist to advertise their remedies, not merely to be obtainable, but to be puffed by an advertisement?—I object to that entirely.

67. SIR FREDERICK MOTT. It should come from the Medical Officer of Health?—The medical authority should say, This remedy is quite safe under certain circumstances, and it should be obtainable at the chemist.

68. THE SECRETARY. And that as an emergency measure, on account of the prevalence of venereal disease?—Yes.

69. THE PRESIDENT. Is there any way of tightening up the quack? They are at the present time going here, there and everywhere with all sorts of things from chemists who advertise. You may say it is not allowed; it is being done?—It is a very remarkable thing that when the members of the Royal Commission, in the course of their work, went into this question, they asked: Where is the prostitute treated? I was asked if I treated them at my hospital, whether I had seen them, and they asked

if they were treated at the Lock, and they discovered that very few are treated by reputable medical men.

70. What evidence have you got that venereal disease is on the increase?—Statistics in my own department of syphilis at the London Hospital. (See table at the end of evidence, p. 155.) It was on account of the great percentage of extra-genital chancres and gonorrhœal ophthalmia.

71. Before there was a definite ratio pretty well known?—Yes.

72. Then you found that the new treatment, the salvarsan treatment, would cure the disease?—It means a long treatment, and in these cases they should be got in the primary stages. They may take a year or two.

73. Practically as much as the old treatment?—Yes.

74. People have not come to realise that yet?—No, they have not.

75. You get the Wasserman test negative and then positive again?—Yes.

76. With regard to compulsory notification, do you not think it would lead to concealment? That was the difficulty that came up before the Commission?—If anonymous notification was the general rule, I do not see how it could lead to concealment, especially with the active propaganda which has aroused the people to the risks of not being treated.

77. THE PRESIDENT. But if they do not persevere in the treatment it becomes personal then?—Yes.

78. That would be an immense advantage. It is one of your greatest difficulties that they begin and will not carry on the treatment?—Yes.

79. That system would be useful?—Yes.

80. SIR FREDERICK MOTT. With regard to saying that it is a crime to convey disease, that will be only if a person has been warned by the doctor? I mean many people can be ignorant?—Those who knowingly convey the disease.

81. THE PRESIDENT. Would you apply it to gonorrhœa as well as syphilis?—Certainly. Large numbers of women have not the least idea that they are suffering from gonorrhœa.

82. SIR FREDERICK MOTT. Very many marry and are told it is cured, and after marriage it recurs; it has not been cured?—Then they should have a certificate to say they are cured.

83. MGR. PROV. BROWN. How can you avoid an element of risk? They may get a certificate on the Wassermann test being negative, which is unreliable?—It is not perfect.

84. Would you rely on the absence of clinical symptoms at the time, rather than this blood test?—The length of time after infection, the amount of treatment and, of course, repeated blood tests over several years.

85. THE PRESIDENT. You spoke of extra-genital chancres. Is that with young people?—Yes, the chancres come from a man or woman kissing a person with sores on the mouth. There are many people about who are in an infectious state.

86. SIR FREDERICK MOTT. Can you give us any idea of the expenses incurred by the nation for these Treatment Centres?—Sir George Newman gave me particulars of the expenditure up to the end of March 1919. It was £230,000. It is a great deal more now.

87. And yet they are inadequate?—Yes.

88. The cost will go up, whereas with self-disinfection the man pays for it himself?—Yes.

89. It is important just now?—Yes.

90. DR. BOND. Does that mean Venereal Clinics or Early Treatment Centres?—Venereal Clinics.

91. SIR FREDERICK MOTT. But the Early Treatment Centres are neglected?—There is only one in Manchester, or at least two.

92. You heard Sir Archdall Reid's evidence. Have you any experience of the Ministry of Health which would help us?—I had to call attention to the fact that a very gross mis-statement has been made by Lord Astor in a report, and the statement was this, that as evidence of the success of the present system of dealing with venereal disease, there was no increase in the deaths from general paralysis of the insane and tabes. This was stated deliberately by Lord Astor as evidence of the remarkable success of the Venereal Clinics. General paralysis of the insane and tabes actually do not appear for five to fifteen years after having contracted syphilis. It was certainly misleading, and I do not blame Lord Astor. I blame the person who told him.

93. I heard you once give some very important information in regard to self-disinfection on board ship. Would you tell the Commission that?—What converted me absolutely to self-disinfection was the following fact: A certain island in the West Indies was riddled with venereal disease. A ship, one of His Majesty's cruisers, with six hundred or seven hundred men, arrived near there and the men landed for a few hours. There were 160 cases of syphilis in the crew. Another cruiser containing 920 men, under the charge of a Medical Officer, whose men had been instructed in immediate self-disinfection—they had been talked to and the necessary appliances (so called Dreadnought outfits) were put in readiness for the men to use as they required. There was no compulsion; these things were there if they liked to take them. The ship was there for a week, and there were only four cases of syphilis and six of gonorrhœa. In one case there were 160 cases of syphilis and I do not know how many of gonorrhœa, and in the other case there were four cases of syphilis and six of gonorrhœa. It was a crucial experiment. Then came Sir Archdall Reid's experiment, which showed that you can reduce the incidence of venereal disease almost by mathematical certainty to 1·5 per cent.

THE PRESIDENT. I think it is very kind of you expert gentlemen to help us in the way you do.

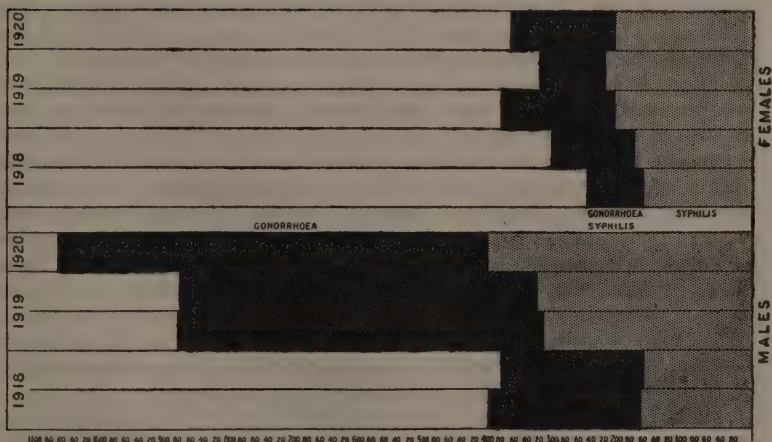
STATISTICS FROM LONDON HOSPITAL VENEREAL CLINIC

| Date. | SYPHILIS. | | | | GONORRHOEA. | | | |
|---------------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | Males. | | Females. | | Males. | | Females. | |
| | New patients. | Attendances. | New patients. | Attendances. | New patients. | Attendances. | New patients. | Attendances. |
| 1918 First half | 178 | 1,294 | 178 | 1,441 | 225 | 1,857 | 81 | 1,566 |
| 1918 Second half | 171 | 1,291 | 185 | 1,542 | 203 | 3,314 | 125 | 1,559 |
| 1919 First half | 323 | 1,924 | 217 | 1,929 | 562 | 3,831 | 175 | 2,459 |
| 1919 Second half | 331 | 2,214 | 231 | 1,727 | 552 | 3,867 | 104 | 2,367 |
| 1920 First half | 428 | 3,109 | 210 | 2,347 | 646 | 6,629 | 168 | 2,937 |

OPHTHALMIA NEONATORUM

MINISTRY'S STATISTICS

| | Births. | Notified cases of ophthalmia. |
|--------------|---------|-------------------------------|
| 1918 | 662,681 | 6,532 or 9·86 per mille. |
| 1919 | 692,680 | 8,548 or 12·16 per mille. |



STATEMENT OF MAJOR A. NELSON, O.B.E.

I AM of opinion that all methods of self-disinfection must inevitably weaken moral control and lead to an increase in promiscuous sexual intercourse.

In the case of married men, a large proportion of whom keep straight from fear of results which would destroy domestic happiness at home, a false confidence will be engendered, and, sooner or later, with disastrous consequences. It is no unmanly fear that deters a man, be he married or single, from going wrong. Indeed many who stray from the path of virtue, did they but know the danger involved, would be deterred.

There is no half-way house between soap and water and packets. The use of either, as disinfectants, must tend to lower the standard of national morality.

Straight talks to girls and boys are the only safeguard. Ignorance is the parent of nine-tenths of the immorality in the world.

The whole of this question may be tersely answered in the words used to me yesterday by one of the finest Commanding Officers in the Army. He said, speaking of "packets": "They unman a man; for they make him think there is no need to exercise self-control, and he argues that the Government, by providing them, intends men to use them." Unintentionally, therefore, the Government becomes a breeder of immorality.

"Packets" have been aptly described by a Cambridgeshire Medical Officer of Health as "a means of arming a man in order to injure a woman with impunity to himself."

Thousands of men have been led into immoral ways by hearing their comrades talk of the immunity "packets" are said to confer, and hundreds have had bitter cause to regret their misplaced trust. Only too frequently the victims have been married men. I have personally known a case of a man who only discovered that he was infected on the very day his wife and children were expecting him home on demobilisation from the Army on the Rhine. That man assured me he had lived a pure life up to the time his comrades had beguiled him into using a "packet."

There is only one way, in my opinion, of lessening the amount of immorality among men, and that is by straight talks to men by men who have world-wide experience of life's temptations, intimate knowledge of human nature, and that rarest of human qualities, the sympathy which is real and not assumed. Preaching to men on this subject is utterly useless. Unfortunately men generally discredit parsons, so far at least as the moral question is concerned, and they think that when a doctor talks to them he is in some way perfunctorily grinding his own axe.

THE PRESIDENT. Yet from the troops in France there was a request that when these things were put up to them, they wanted it to be done by a parson or doctor, oddly enough!

During my adjutancy at the Ampthill Camp over two thousand men passed through the ranks, and in two years we only had six

cases of venereal disease. I attribute this extraordinary record to the fact that the Commanding Officer, the Duke of Bedford, spared no expense or pains to provide and encourage men to play games. Through games men learn to "play the game." Immorality of any kind is essentially not playing the game, and it is by no means difficult to bring this home to men if it is done in the right way.

1. SIR FREDERICK MOTT. It is a question of the standard of judgment, is it not? with regard to the value to the race, whether we should stamp out this disease or not?—There is a worse thing than the disease.

2. That is the attitude you take?—That is so.

3. You are not a doctor?—No.

4. THE PRESIDENT. What is a worse thing than disease?—What I mean is this, that if you are going to lower the standard of national morality, then you are going to begin what we know, in the case of Rome, brought about its downfall.

5. SIR FREDERICK MOTT. The point is that large numbers of innocent women have suffered from disease. They are rendered sterile, have miscarriages and abortions, and large numbers have been ruined. I have been connected with the London County Asylums for twenty-five years, and I have seen in those asylums people from all stages of society, and I have seen them die of general paralysis. Five per cent. of the people who get syphilis, in spite of treatment, develop this disease. That is only one aspect of it. I was on the Royal Commission on Venereal Disease, and Sir William Osler, who was a great authority, said that he could teach medicine on syphilis alone, because every tissue in the body is affected by it, and that the diseases of blindness, deafness, insanity and every form of disease may be due to syphilis. You have only to consider the effect that it had upon the Army, and I understand that more than two Army Corps were invalided during the War on account of venereal disease? What have you to say to that? Does not that create some anxiety?—Yes; but let me say at once that I am thoroughly conversant with all the facts in connection with venereal disease and its effects, and have addressed thousands of men on the subject. My experience of the way in which men can be influenced by addresses is very different from that of Sir Archdall Reid. In hundreds of instances men have said to me: "Why were we not told these things when we were boys?" And again: "If we had known about these things, our lives would have been different." Speaking with a very large experience of men, I am convinced that nine-tenths of the immorality that takes place—except under conditions of insobriety—are due to men's ignorance of the danger involved to themselves and to others; for example not one man in a thousand knew that his infection with disease rendered him liable to communicate it to innocent people by means of a towel, a drinking vessel, and in several other ways.

6. SIR HUMPHRY DAVY ROLLESTON. You think it is wrong to prevent the results which may follow from sin?—It is dangerous.

If we could prevent them without doing grievous moral harm, I should agree.

7. Yet you agree that moral harm would be done by immediately spreading disease to untold generations?—Much more ought to be done by talking to men and especially to young girls. That is most important. Every Medical Officer of Health in my area told me that numbers of young girls of fourteen and fifteen years of age were suffering from one of these diseases, and were not being treated, and quite possibly were unaware that they had anything the matter with them. Those persons are a positive danger. Every means should be taken to get these girls to go and be treated, but this should be done by young and attractive women, and not by staid old maids.

8. You would take every moral step, but not every available material?—Yes; every step to cure it, but not to prevent it, and I would do everything I could to make people understand how essential in their own and in the interests of others it is for them to be treated. After my address in Yarmouth ten men went to a man in the place who takes great interest in young men, and confessed that they were suffering from one or other of these diseases and had not been treated. I never in my addresses use the word “fear,” but I always tackle the question from the points of view of sportsmanship, chivalry and patriotism.

9. Would you want the young girls to be women before you talk about chastity?—That is beyond me.

10. DR. AMAND ROUTH. Do you consider the advocacy of methods of self-disinfection do as much harm as supplying the disinfectants?—Most certainly I do, if the methods are advocated in connection with illicit intercourse. On the other hand, no harm, but much good, would result if *all* people were taught, as a matter of cleanliness, to wash after the sexual act. I have asked many men whether the packet increases immorality. They laugh and say, “Of course it does.”

11. If you do not tell people how to avoid disease, and stick to the non-advocacy of any remedy, syphilis is pretty sure to be rampant?—You must remember that we are dealing with an abnormal state of disease, and we have got to look back at the causes of it. It is due to the greatest of Christian virtues, sympathy and self-sacrifice. The girls, while men were losing their lives at the Front, desired to share in their self-sacrifice, and surrendered their virtue. The men brought the disease from France and gave it to the girls; the girls, having fallen once, fell again. If you could get hold of the girls now and treat them, this disease would enormously decrease. Herein, I believe, lies to a large extent the solution of the venereal problem. A woman, unlike a man, is not naturally immoral. Vanity, needing money for its satisfaction, mostly makes the “amateur”; poverty, the prostitute.

In conclusion, I should like to express a hope that this Commission will do all in its power to bring in legislation to make a certificate of health essential prior to marriage. Indirectly, such legislation would go a considerable way to bring about a vast

improvement in the morality of the nation, and I have every reason to believe that it would be welcomed by all classes of the community. The certificate would not be infallible, especially in the case of women, but if it were made compulsory, much misery and suffering would be prevented.

EVIDENCE OF MAJOR CHARLES F. WHITE

Rochester Row Military Hospital

1. THE PRESIDENT. With regard to self-disinfection?—I think immediate self-disinfection, properly applied, is the best known method of preventing venereal diseases after exposure to infection.

2. You found it so?—We are finding it so. It is used extensively in the Army, and our figures are going down.

3. Can this method of preventing disease be applied to the civilian population?—I think the method that should be applied to the general public is the instruction of the public. I do not think it is possible to provide the public with the packet system as the soldiers are supplied, but they should be made acquainted with the means by which they can protect themselves against venereal disease.

4. The chemist is to be allowed to sell it, with the authority of the Medical Officer of Health?—Yes.

5. DR. BOND. The man must come for it?—Yes.

6. SIR FREDERICK MOTT. You agree with Dr. Fraser?—Yes.

7. THE PRESIDENT. The civilian must ask for it?—Yes.

8. SIR FREDERICK MOTT. Can you give us any statistics since you adopted this method at Rochester Row? Do you consider Colonel Harrison's figures illusive?—The Army figures are confidential.

9. Can you say that there is a reduction?—There is a reduction in the Home Forces.

10. You have heard of the remarkable success which Sir Archdall Reid had with the garrison at Portsmouth. Do you not think that if his methods were adopted, and his enthusiasm was adopted also, there could be a much greater reduction with instruction?—I think a great deal can be done.

11. It is like antiseptic surgery; it depends whether it is rigid antiseptic or not?—The difficulty was that when the whole nation was mobilised, it was impossible to do what Sir Archdall Reid did. Where it could be done it would be effective. There were such large numbers in camp that all the men could not get careful instruction and lectures.

12. Do you penalise?—No, we are afraid of its leading to concealment of disease. They did it in the olden times.

13. Then with a pension they would only get the pension from the disease—syphilis or gonorrhœa—if they contracted it in the Army and were subsequently discharged?—They do not get it on account of the disease.

14. SIR HUMPHRY DAVY ROLLESTON. I daresay you heard some questions by Dr. Hill with regard to the distinction between the employment of early treatment on the Army of the Rhine and the percentage of incidence, which was 250 per 1000 per annum?—Yes.

15. Can you tell us anything about the Army on the Rhine?—I know the incidence is going down; that the incidence rate is less than it has been.

16. SIR HUMPHRY DAVY ROLLESTON. The method is entirely voluntary?—Yes.

17. DR. AGNES DUNNETT. You heard Dr. Sequeira take the view that the Venereal Disease Clinics are dealing with cases discharged whilst infectious?—They are under our supervision as long as they are soldiers. It is true that civil clinics are getting a good many cases which were treated in the Army. It must be remembered that the whole nation was in the Army, and naturally the civil clinics will be getting some of our cases now. It was not that our treatment was inefficient. Men contracted syphilis, and were under active service conditions, and were only able to get a single course of injections. They were discharged, and naturally some have relapsed and will relapse.

18. SIR FREDERICK MOTT. Was there any notice sent with the men stating that “this man has only had one course and should go up for further treatment”?—You are up against notifying; you are notifying a man’s disease. If he was willing that his Medical Officer of Health should be informed that he was suffering from syphilis or gonorrhœa, and was desirous of continuing his treatment, a letter was sent to the Medical Officer of Health for the district, and the man was advised to report at the centre there.

19. There was no compulsion about it?—No, the man was asked to sign a form saying he was willing and desired further treatment.

20. MGR. PROV. BROWN. Did not Dr. Sequeira say there were cases of cures in the Army which had recurred and brought the people to his clinics? I do not think he committed himself that it was partial treatment, but that the man had not continued until cured?—I do not think men were ever told that they were cured. They got a course of injections. Often I could not give the man the treatment I knew was necessary. I gave him the best I could in the shortest time possible, and gave advice as to what they ought to do.

21. They were discharged as cured?—No.

22. While in the service were they never discharged until cured?—They were told that there was a risk of relapse, and advised to continue with Hg. pills till they could get further “606.”

23. I was thinking of the certificate of health of the intended fiancée. Would you attach very much importance to it?—It is difficult to give a certificate.

24. Would you like to sign one?—No.

25. DR. AMAND ROUTH. Dr. Sequeira, I think, said in answer that a single course of salvarsan will cure syphilis in the primary

stages. Do you agree with that?—It depends. It is much easier to cure syphilis in the primary than the later stage; later cases of syphilis must go on with years and years of treatment, and “606” is not going to cure such cases in six weeks or two months.

STATEMENT OF DR. DOUGLAS WHITE

1 and 3. No arguments offered. Opinion on 1, Yes; on 3, *after* is the most valuable.

2 and 4. Have to be considered in combination; otherwise the most efficient method might, through propaganda, become the most deadly enemy of public health. It is a psychological problem, of which antisepsis is but a physical ingredient.

I am thoroughly opposed to disinfection propaganda; I desire to exterminate venereal disease, and have worked to this end for nine years. I agree that disinfection is the most direct line of attack; but in this category of disease, frontal attack is ineffective.

The most powerful means are indirect: *vide* Army figures for thirty years (Harrison, *Sketch of Army Experience*, p. 6), especially for Aldershot; all due to improved conditions. Housing, education, recreation: vice is induced by stimuli of bad physical and mental environment more than by natural propensity.

Cure of disease is both a direct and indirect attack; if early cure were well exploited, syphilis and gonorrhœa might become rare. Cure is also a powerful moral lever (indirect). This road is only recently laid.

Better environment, better instruction, in facts and ideals, better treatment—these form the bed-rock of reform.

Sex promiscuity is the factory of disease; disinfection is a makeshift, not conforming to the scientific principle of dealing with causes. Vital difference between venereal and other diseases; here psychology lies behind pathology.

Strange analogy between compulsory examination of women 1864 and voluntary disinfection of men 1914.

Both aim at securing immunity of men, with the pious hope that women may reap benefit later. Under both systems diseased men continue to infect clean women. The girls are not protected; the vicious circle is not broken. The futility of licensing vice is established; possible that disinfection is but the reverse of same false coin.

Self-disinfection. Granted that certain lotion or ointment, early and thoroughly applied to (unknown) site of infection, can destroy virus; only glans and prepuce likely to be well cleansed. Haslar series of 2743 cases of syphilis show sixteen per cent. where it would have failed, being out of range. “Almost complete certainty” unjustified, even for genital lesions. Even partial assurance is based on “thorough” application; thoroughness can only be measured by results. Thoroughness involves care and time, a daub is little good. Will the man who has escaped once be as careful the second or third time? Why should

he? What motive? *Fear*? A despised motive. Or *Duty*? What is duty to a man *in flagrante*?

As to "practical safety," no medical man would be willing to take the risk with infective women on that assurance. Why suggest that others may do so?

Self-disinfection depends on instruction. Instructed men will not take known risk. Precautions with "clean" women appear to them needless and insulting; this is specially true of occasional prostitutes with some sentiment. Hygienic brothel-haunting seems a contradiction in terms.

Assume it desirable to instruct populace in self-disinfection. Lectures and pamphlets will be needed; objectionable details *the substance*, moral exhortation *the trimming*. Impression created that hygiene is the one thing needful. Such papers as the Society for the Prevention of Venereal Diseases' instructions to men would be justly resented by the social sense of the nation.

Danger of instruction acting as incentive to vice. Not intention, but result. If so, increase of vice must give net increase of disease. Opinion of labour official on such propaganda is that it would increase vice.

Tender age (eighteen to twenty-five, male, sixteen to twenty-three, female) of maximum incidence of venereal disease. Are these to be taught disinfection, with implication of social pessimism? Doctors may mean well, but cannot evade responsibility for the result of their teaching. Brigadier-General Critchley's view, and results*: the alternative. Not only women, but men, will resist such teaching as implying degradation for their own womankind.

Classes affected by venereal disease. Highest and lowest most.

1. Leisured class. Public and secondary schools and Universities will not tolerate such teaching.

2. Unskilled labour. Effective instruction inconceivable.

3. (Intermediate.) Trades unions would not tolerate it; they desire raising of status and character. Thus public opinion will refuse such a prescription.

Self-disinfection leads certainly to self-treatment. Technical distinctions not understood. "If calomel kills the germ, why not apply to the sore where germ lives?" Difference not easily understood.

Disinfection not a new plan. Hg. Ung. has been advised since 1767 as a prophylactic.

Proposed withdrawal of ban on sale of preventive drugs not approved. Either alternative is objectionable:—

1. Would have to be sold with Government control and approval; an impossible position for Ministry.

2. Unrestricted sale, with free competitive advertisement.

Skilled Disinfection. Is this free from the same objection in principle, or in degree only? Or do they blend insensibly?

Any doctor is bound to do his best to preserve health, and

* White Paper, Cmd. 322, App. 9.

try to clean up a patient who comes for help after exposure. *But* no self-respecting doctor would keep surgery open at night hours avowedly to deal with such. In fact doctors will not do this, and nothing is to be hoped from private practitioners. Nor would men go.

The alternative is the keeping open of clinics, or *ad hoc* places (e. g. annexes to public urinals) in every populous neighbourhood; many would be required in a large town. Detailed plans have been devised to secure privacy. Very expensive and repulsive. Even when privacy is secured, the places and their purposes must be made known by advertisements and posters in places frequented by people of all ages.

Who will go to these places? Not the habitu  . His methods (or lack of them) are established. Shall it be the young first offender? Yes; but has he not been encouraged beforehand by prospect of immunity? That prospect must be emphasised in order to get him to come. Is the process nasty and tedious? This *may* make him decide not to risk again, or it may decide him to damn the consequences. Who can say? But the risk of *inducing* the first lapse is too great for the public authority to assume. The psychological effect of advertisement is sure to be bad, and "early treatment" (not treatment in a medical sense at all, but disinfection) has no moralising effect.

For *country districts* Disinfection Centres are impossible, and if any disinfection is required, resource must be had to "packets." In such places as ships—the supposedly ideal place for either system—the two methods become indistinguishable.

Thus the two systems may blend with each other in practice. In principle there may be an arguable moral distinction as against packets, but, owing to the need of advertisement (though not of detailed directions in the case of Centres), the difference is one of degree, not of kind.

Under military conditions during the War the Blue Light system seemed certainly less objectionable than packets. Both, in fact, were tried in the United Kingdom. Blue Light for two years, packets for one. Local successes were claimed for each, but the total venereal disease rate for the United Kingdom was not reduced at all, remaining practically steady at 38 per 1000 (Harrison).

Advocates of each method say that theirs was never thoroughly tried; but the chance for success of either was immeasurably greater than it could ever be in civilian life, so that the case for civilian use of either method, on the ground of experience, breaks down.

From the purely material view, packets are best, in immediacy of application; in thoroughness, skilled disinfection. But in principle they are the same—creating over-confidence, and suggesting to the young mind that the offence is condoned by public opinion. Hence the "reluctance" of Portsmouth to proclaim its packet campaign, and the laudable anxiety to "check" the results of the Manchester place of disinfection. How can either

be checked? By the number of packets sold, or the number of men coming for disinfection? Which implies success, increase or decrease?

No use to take as text "Do not fornicate," when the sermon means "do disinfect." Any public advocacy of disinfection implies expectation of vice; of all people, young adults do what they think is expected of them. It will debase public morals and damage public health. The question is not public morals *v.* public health: their lines run parallel. The higher values of life contain the physical, as far as these diseases are concerned.

1. THE PRESIDENT. You wish to say something about the term "early treatment"?—I consider that the term "early treatment" in the sense of disinfection is a misnomer. It is not "treatment" at all in the medical sense. Treatment implies the existence of a disease. We all believe in the earliest possible treatment of existing disease. Thus I believe in the policy of early treatment in the proper sense of the term, but not in a public policy of disinfection.

2. DR. AMAND ROUTH. You object to propaganda of self-disinfection from all points of view, apparently?—Yes.

3. You agree that self-disinfection is the most direct line of attack, and then comes the "but." Your argument appears to be that you are very much afraid that any form of propaganda which gives a sense of security against disease encourages men to run that risk?—Certainly; if the public authorities take upon themselves to teach any methods of self-disinfection, it appears to involve the position that the public authority recognises that self-exposure is a necessary evil. Once you create a public opinion of that kind, namely, that young men are expected to commit fornication, they will do so; for young men, in particular, are apt to do what they think they are expected to do.

4. I see that point of view; but what are you going to do with people who do not get prevented from getting syphilis because you withhold propaganda? It seems to me you are allowing a large number of people who might use self-disinfection to delay until after the appearance of the primary chancre, and are in the secondary stage, and there is that valuable time lost if you get no propaganda and get no treatment until you have general syphilis. I wish we could do away with propaganda for both early treatment or early prevention, but your way seems to prevent anything being done until the disease has established itself?—The question at issue is whether such propaganda will do any good, and whether this method is going to be advocated for the general population. It appears to me that this Commission has to consider whether it is to the public advantage that it should be done. The figures I have mentioned appear to indicate that during the War, in the Home Army, the propaganda that went on for self-disinfection or disinfection-centres did not reduce disease. May I make my position clear? I have absolutely no sympathy with any suggestion that disease ought

to be kept in being in order to make people moral, or with that peculiarly nasty suggestion that was put forward at a certain meeting which I attended, namely, that people who did not favour a policy of disinfection propaganda allied themselves with horrible and foul diseases in order to terrify people into chastity. Now that is a very gross misrepresentation. It would be a similar misrepresentation if people of my school of thought were to reply to those same people : " You are allying yourselves with vice in order to keep people healthy." That would be just as true, or just as false, as the other. I think it is wicked to attack the motives of other people in that way ; and I wish to make it perfectly clear in my own case, and in the case of those with whom I have been associated as long as I was hon. secretary of the National Council, that there is no idea, in the minds of any of them, that they wish to keep disease in being at all for any purpose whatever. For myself, I am entirely anxious that venereal disease should be utterly exterminated by every effectual means. The reason why I do not agree with the propaganda of disinfection is simply that it will not, in my opinion, produce that result.

5. Everything that Dr. White has said I know is perfectly true. He is one of the keenest, and that makes one wonder why he takes up this attitude. If a man knows what are the materials to use for self-disinfection, you see no objection to that man getting hold of some of the stuff and using it ?—If a doctor is asked for this information, he must use his discretion.

6. He has got to know from the Prevention Society all the instructions, what he ought to use, and he gets some at a chemist's. You would not like to forbid that, would you ? Or do you want to prevent him getting them if he knows what they are going to do ?—I see no reason against the actual use of thirty per cent. calomel ointment. There is nothing moral or immoral in it.

7. It is the advocacy ?—It is a matter of psychology. As I have been in this room during the evidence of the last two witnesses, it appears to me that there is a tendency to neglect the psychological phenomena. That is the real point. Nothing else really counts,

8. THE PRESIDENT. Would you describe those ?

9. DR. AMAND ROUTH. The effect on the individual of propaganda ?—I think I mentioned something of that before, in saying that it would produce in the mind of the people who are instructed the impression that they are expected to commit fornication, and consequently they would more readily do so ; I do not think there can be any question that if you are going to increase the amount of intercourse you are going to increase the amount of disease.

10. THE PRESIDENT. You think that some of the circulars issued, like that one at Portsmouth, would have a tendency to increase the amount of sexual connection ?—I do not criticise a particular document, but it does appear to me, from my own personal experience of the difficulty of it, and from listening to

other speakers, that it is impossible to give more than one impression to an audience at the same time. If you are going to preach to men the necessity of continence, it is no use to say at the end: "If you are not continent you have got to use this and that." You have got to produce an impression on the mind, and you will produce one impression or the other. If you are going to tell a man how to use a disinfectant after fornication, you will leave the impression that that is your point, and not the other.

11. DR. ROUTH. You give two possible alternatives, which you say would take place as regards the ban on procuring drugs. You say these things would have to be sold under Government control, and that would be an impossible position for the Ministry of Health to take up?—Yes, I do not see how it would be possible for any Ministry of Health to prescribe certain drugs as the best disinfectants against venereal disease. No Ministry of Health could possibly take up such a position. Here you have got at the present time a recommendation of permanganate of potash one in a thousand, and calomel ointment thirty per cent. I believe Sir Archdall Reid has serious doubts as to whether calomel is an effective ointment at all. As for permanganate of potash, it is undoubtedly a useful disinfectant, but to label these two drugs as special preventives for possible venereal disease—I do not think it will be possible for the Government to take up that position, and to have these things sold under their licence and control by chemists.

12. THE PRESIDENT. What is your opinion of their adequacy?—Opinion is constantly shifting. I do not think for one moment that a year hence the disinfectants advised will be the same as advised to-day.

13. DR. ROUTH. The second alternative is unrestricted sale with advertising. That is a different thing from unrestricted sale on inquiry with advertisement forbidden. That makes all the difference so far as chemists are concerned. They ought not to advocate or to advertise. Do you think they should sell?—I have no objection to the unadvertised sale by chemists of drugs asked for, but I would object to having any advertisement put up explaining that these are useful for disinfection after exposure.

14. Don't you think the fact that practically everybody knows what these things are alters the position rather? Every man knows now by the propaganda unprevented by the Government. If you stop it now, the propaganda will go on from mouth to mouth. Does not that make a difference as to what the Ministry should do?—Has this propaganda got the public ear? I do not think it has.

15. I am talking about the Propaganda from the Society for the Prevention of Venereal Disease?—Has that had much effect?

16. Do you not think so?—No.

MGR. PROV. BROWN. I doubt it very much. I do not doubt that people afflicted with the disease know it, but those who have not, I doubt very much whether they know it.

THE PRESIDENT. They probably have not got to know these particular things, but they have got to know something that can be done if they go wrong. If you do not give them any directions, they will go to the quack of any kind, sort or description.

17. SIR HUMPHRY DAVY ROLLESTON. I gather that you are in favour, if a person does sin, that he should have pointed out to him places where he can go and secure immediate prevention?—No, my evidence goes against that.

18. THE PRESIDENT. What would you do with them?—If a man comes to me as a doctor I certainly would do the best I could for him.

19. SIR HUMPHRY DAVY ROLLESTON. You would give him treatment to prevent him contracting the disease, but you are against adopting these methods directly after exposure to infection?—Purely on psychological grounds. It is not because there is anything moral or immoral either in antiseptics or in their use.

20. Are you speaking from the point of view of a combination of a medical man and a psychologist, or can you split yourself up?—It is not much use; I shall try to do so.

21. As a psychologist you would allow him to have early treatment, but you would not allow him to have self-disinfection as a medical man?—I have stated that I am against both systems, from the point of view of their advocacy. As a medical man, if he came to me I should do my best to clean him up.

22. There is another point: I do not see eye to eye with you with regard to the Ministry of Health. I understood you to say that it was impossible for the Ministry of Health to advise any particular form of antiseptic disinfection for venereal disease, because there might be a better treatment available?—That is certainly one of the reasons.

23. Some two or three years ago the Ministry of Health brought out a leaflet giving orders for the disinfection of throats. Are you in favour of doing that?—Yes.

24. Do you see any difference?—Yes.

25. You are trying to prevent two diseases and you draw a distinction between these two?—It is again psychological; the method by which disease is acquired makes all the difference to the psychology of the thing. I quite admit what you say, Sir Humphry, that it is perfectly easy to make out a case that what ought to be done in one case ought to be done in the other. But I feel very strongly that the difference between the two is vital.

26. THE PRESIDENT. If I got the disease by no fault of my own— if it was not personally contracted—you would do everything you could for me, but if I had caught it by my own wrong-doing, you think I ought to bear the brunt?—In a private capacity I should do my best to disinfect. What I object to is propaganda from which it will appear to the individual that public opinion condones fornication.

27. SIR HUMPHRY DAVY ROLLESTON. You are convinced that the methods you advise would be best on the whole for the

prevention of venereal disease, without any reference to the question of morals?—That is so, sir.

28. SIR FREDERICK MOTT. I should like to ask you—I know you have been long interested in these matters of venereal disease, because you gave evidence before the Commission—how do you propose to stamp out this disease; because it is on the increase?—Disinfection was not recommended by the Royal Commission.

29. But I have pointed out what I still think?—I have said what I think is the bedrock of proper education in this matter; and it is precisely the same as the Royal Commission put forward.

30. It is some years ago now, is it not?—Yes.

31. We move on, don't we?—Yes; but it is the direction that matters.

32. THE PRESIDENT. What would you do now?—I have put down in one line what I think covers the ground—better environment, better instruction—in facts and ideals—better treatment. Those three things are what I consider the bedrock of the question.

33. Is it not unfortunate that in some of the classes where there is this good environment and good housing there is an immense tendency towards sexual incontinence?—Yes, that is so. I do not for a moment think good surroundings do solve the problem in themselves. I am aware that perhaps the greatest incidence of venereal disease occurs in the higher classes.

34. Then I still want a little more in detail what you are going to do?—Housing conditions in the lowest stratum of society do a great deal to produce disease, not only of this kind. With overcrowding—whole families in one room together—you cannot expect sexual morality to exist.

SIR FREDERICK MOTT. It does exist in Ireland. It is compatible with the people under very unfavourable conditions.

35. DR. CHARLES BOND. There is a group of citizens, the feeble-minded and those on the border-line of sanity. How would you propose to deal with them, ignoring the disinfecting and early treatment method? They will not respond to any education?—It appears to me that the feeble-minded have got to be secluded.

36. SIR FREDERICK MOTT. Have you any experience of the difficulties of segregating these people?—No.

37. It is difficult?—I do not know that the means of disinfection would improve them, would it?

38. Is it not rather the point that we are not considering the individual—we are considering the effect that that individual may have on others? He may infect innocent people and produce diseased children, which will lead to the degeneration of the race. It has been shown that in this method we are putting the responsibility on the man, and if, having that knowledge and information, he knowingly conveys the disease to an innocent person, he ought to be punished for it?—Yes, he should.

39. Is not that a solution?—That he should be punished for it?

40. Yes, if he knows how it can be prevented?—So far as I am aware, the knowing transmission of disease has been tried before elsewhere and it has never been a success. You cannot get satisfactory evidence.

41. Because you have never put it under any public control. If it were under the control of the Medical Officer of Health, surely it would be possible to get satisfactory evidence. One might get notification if it were put under the Medical Officer of Health. That is the proper system, is it not?—As beginning a system of notification?

42. Yes?—Personally I think the system would prove a failure.

43. SIR FREDERICK MOTT. Do you then approve of a policy of *laissez-faire*?—I cannot be accused of *laissez-faire* because I reject one particular line of advance.

DR. MARY SCHARLIEB. Environment does not cover the ground. The better the housing conditions, the worse things become.

THE PRESIDENT. The better the housing conditions, the more likely they are to fall into incontinence.

SIR FREDERICK MOTT. General paralysis is greater among those who live in the West End of London than in the East End.

44. DR. AMAND ROUTH. You object to the propaganda of self-disinfection. Do you object to those notices I have seen from the National Council which tell people that if they are diseased they can get cured?—So far as I have seen the notices which have appeared in the papers I cannot say that I object to them. I do not think there is anything serious to cavil at. They urge that people should go, on the first appearance of anything like disease, to be treated, and indicate, that if they do go at that early stage, there is something approaching a certainty that they can be cured.

45. In one case certain disinfectants are recommended and, in the other case, it is stated that if they are diseased they can be cured. In both cases there is an inducement to cross the lines, knowing that it would not be a permanent lifelong injury?—The suggestion being that self-disinfection immediately after exposure and proper treatment after actual infection are in the same category?

46. Would such promise of cure induce people to think they can get the disease without permanent risk?—I do not think that is the effect in fact produced by the treatment of disease. I advocate the increase of Treatment Centres. I do not think that the cure of disease has really anything except a moralising effect on the people who undergo it. It appears to me that the cure of disease is a thing that is going to do an enormous amount of good in eradicating disease with no corresponding harm in the way of encouraging people to loose living.

47. SIR FREDERICK MOTT. Would you not say that the first duty of the State is to prevent disease, cure disease, and prevent lifelong suffering?—If you can show me you are preventing disease by this means.

48. THE PRESIDENT. You say, if you can show me you are going to prevent disease by this means, I believe that these things are effective. You are the first witness, I think, who has said that these remedies are ineffective?—I do not mean to say that. If a lad came to me who had exposed himself, I believe that it is possible with care and thoroughness to disinfect with good chance of success. I should try to do so, and I do think that it may be

effective; but I am thinking of the general advocacy of disinfection, which would produce, in my opinion, a greater amount of disease than it prevents.

49. DR. BOND. You say it is undesirable or impossible for the Government, through the Ministry of Health, to authorise or provide facilities for self-disinfection. I should like your view whether there are any objections against the Government, through the Ministry of Health, issuing a notice throwing the onus on the individual who exposes himself and catches disease. Is there any objection to the Ministry throwing the onus on the individual of putting himself right again?—Do you mean on the lines of self-disinfection?

50. The onus to go on the individual?

51. THE SECRETARY. Who has rendered himself liable. What would you do to get him clean?

52. DR. BOND. You must apply something to get him right again?—I do not feel able to answer the question until I see more clearly what I am asked to approve.

53. THE PRESIDENT. You take a line of your own, different from any other witness?—I fear I have not made my position as clear as I had hoped to do. I hope that the members will look through these notes of mine, because there are several points in them which have not been touched. I should like to draw attention particularly to the fact that if we are going to advertise and advise disinfectants, we have to bear in mind that the people who form the mass of venereal patients are young people of quite early age—girls of seventeen to twenty-three, and boys of nineteen to twenty-five. Those are the people you have got to cater for. This is what you ought to consider very carefully—whether it is desirable to suggest such things to young men and young women of that tender age.

SITES OF INOCULATION IN 2,743 CONSECUTIVE CASES OF SYPHILIS AT HASLAR (see *Lancet* and *B.M.J.* of March 13, 1920).

(Supplied by Dr. Douglas White.)

Genital Lesions.

| | | | |
|-------------------------------------|-----|---------------------------------------|-----|
| In urethra (concealed) | 1 | * Body of penis | 209 |
| Within meatus (concealed) | 25 | * Root of penis | 50 |
| At meatus (visible) | 94 | * Scrotum | 20 |
| On glans penis | 270 | * Peni-scrotal angle | 13 |
| On corona glandis | 86 | | |
| In sulcus præputii | 420 | Total, 292, or 10·6 per cent. | |
| On prepuce, skin | 328 | | |
| mucous mem- | 674 | | |
| brane | 346 | † Site on penis not stated | 238 |
| On frenum præputii | 192 | Combinations of above sites | 283 |
| * Under phimosed prepuce | 121 | | |
| (concealed) | | Total, 521, or 19 per cent. | |
| Total, 1884, or 68·7 per cent. | | | |

* Few, if any, of these would be touched by disinfection. Some also of † would be on similar positions. No extra-genital lesions would be disinfected. Thus disinfection would fail in about eighteen per cent. of these cases.

Extra-Genital Lesions.

| | | | |
|--------------------------------------|----|---------------------|---|
| Lip | 20 | Finger | 2 |
| Eye (papebral conjunctiva) | 3 | Umbilicus | 1 |
| Anus (at or near) | 7 | Nose | 1 |
| Thigh | 2 | Neck | 1 |
| Pubes | 6 | Abdomen | 1 |
| Chin | 1 | Buttock | 1 |

Total, 46, or 1·7 per cent.

N.B.—In addition, some other cases were given where history of acquired syphilis was denied; some congenital, etc.

EIGHTH DAY

Friday, December 3, 1920

THE BISHOP OF BIRMINGHAM (President) in the chair

STATEMENT OF LADY BARRETT, C.B.E., M.D., M.S., B.Sc.

1. THE PRESIDENT. Would you like to give any introductory remarks?

I should like to say that I believe I was asked to give evidence because it was known that the Federation of Medical Women had been considering some of the pamphlets which had been issued by one of the Societies, and in particular we had sent to us a pamphlet which it was proposed to distribute broadcast among women for self-disinfection. I am able to speak for a large body of medical women, as there has been a meeting of the Council of the Federation on the subject and the whole question discussed.

I think it is an undoubted fact that the irregular young woman is more often the source of spreading the disease than the ordinary prostitute. I know that during the War I came across officers who told me again and again that the girls brought into the camp were children of practically fourteen and fifteen. They had been seduced by the soldiers and subsequently were the source of the spread of disease. One has met the same fact elsewhere. Our Venereal Clinics are filled with young girls and married women, and when you are going to consider whether this advice will do good, you must consider how these young girls and married women shall be protected from getting the infection.

2. You must advise with regard to disinfection?—Yes, you would have to advise before infection had been risked.

3. Not educationally?—The propaganda with regard to self-disinfection comes to this: If you are going to ensure safety you must teach *all* young people, because you cannot by any possible means say which class or which group of boys and girls are going to be subject to infection, and you must teach them all. I do not think it can be understood as being really very effective unless you teach them all. You are bound to consider the question as

to whether there are ways and means of teaching them, and that is the reason why I touch upon the points which make it almost impossible to teach disinfection to young people, because you can only do it by assuming that they will indulge in sexual intercourse, and if this is to be taught throughout the whole nation it means tacit approval of that sort of life. They should be taught that promiscuous intercourse is extremely dangerous, and dangerous not only from the moral point of view, but also from the physical point of view, because you cannot ensure escape from venereal disease. If, however, you teach that should they indulge in promiscuous intercourse their obligation to the nation demands that they practise self-disinfection, that seems to me a very different thing. The next important point is that we must consider very carefully the methods recommended, and the opinion of medical women is that they are quite impossible for any virgin to use, absolutely impossible. The married women are a matter of extreme difficulty, and yet it is very hard lines if you do not protect the married women. Supposing the methods are used effectively, they are contraceptics. The teaching of them would undoubtedly affect the birth-rate in all classes. Those are just a few points which struck me.

4. You are speaking not of the disinfectants applied to men only, but to women?—I did just allude to the fact that it applied to men, because there has not been much experience with women at the present time. In regard to men, all one can say is that a number of men with venereal disease in some of the hospitals did use prophylactics, and if you can say that to any extent at all, you must admit that these are unsafe, and it is very unfair to teach people things which are unsafe. It may be safe for one person to use, but not for another person to use. The probability is that the majority of them will not use it effectively.

5. I might ask you how far you think that disinfection in men, if efficiently and thoroughly carried out, would be helpful to women in regard to reducing their troubles about venereal disease?—When you assume that it will be effectual in men, you must assume that every boy is taught first, and I do not think you can escape the fact that if you are going to teach every boy this method, you will increase still further the infection. That is an obvious risk run by every man if he has promiscuous intercourse. If you do that, I cannot see how you are going to reduce venereal disease, hence there will be increased trouble for girls, for it is almost inconceivable to think that every man will effectually disinfect himself. Of course either sex could be used to wipe out this disease—that is perfectly clear—if disinfection were universal. If, however, in trying to make disinfection universal, you increase what is the root of the disease, viz. promiscuous intercourse, and yet fail in complete disinfection, the resulting disease would be greater.

6. You think the total result would be an increase of venereal disease by way of an increase in sexual intercourse?—Yes, because I do not think you can ensure that every man would disinfect

himself thoroughly; a large proportion of them will claim that they had been drinking at the time, and I think that is very much against efficiency in self-disinfection, because a man half drunk cannot do it.

SIR ARBUTHNOT LANE. I have followed your remarks with great interest and I have no question to ask.

7. SIR ALFRED PEARCE GOULD. Self-disinfection, in your opinion, would lead to a large increase in promiscuous intercourse among unmarried people?—I think it is probable.

8. What effect would it—promiscuous intercourse—have, do you think, upon conception?—I think it would probably tend to lower the rate of conception.

9. Why?—Because one finds in experience of patients that sometimes excessive indulgence in the great anxiety to have a child has prevented it, and by advising moderation the wife has conceived. In asking that question we touch on a very big subject. The whole question is whether, supposing by any of these methods we gradually increase promiscuous intercourse, but wipe out venereal disease, we should have wiped out all the troubles. That is a question to which I think the medical profession has hitherto given no answer, as to whether any other troubles would come in.

10. I will put the question in a slightly different form. Do you think, if we were to blot out altogether the spread of venereal disease and the existence of venereal disease, you would have to teach boys and girls contraceptive methods, assuming that young men and women were going to have promiscuous intercourse more widely than they do now?—That you will have to teach them contraceptive methods? Why should you desire to do so?

11. Boys and girls are to be introduced to a very wide extension of fornication. If that occurs, will you not have young girls in their teens, before marriage, become pregnant in great numbers?—Yes. Do you mean, do I think it should be prevented?

12. We have had it put before us that there are two fears before the eyes of young men and women in connection with fornication. One is the fear of disease, and the other is the fear of pregnancy. Obliterate the venereal disease, and you still have pregnancy?—There is not a great fear.

13. You do not think there is?—I do not think there is anything like the deterrent in pregnancy that there is in venereal disease. I have met quite young girls of sixteen or seventeen who have been pregnant and infected with venereal disease. They do not mind the pregnancy, but they feel indignant about the disease.

14. And do you not think there is any grave social anxiety on the question of the great increase in illegitimate births?—If you ask me my own personal opinion, I would not prevent the births, because I think it is better for the nation to have the children, and less immoral, than to interfere with the natural consequence of an act.

15. You do not regard illegitimacy as a very great evil?—Only

comparatively not. It is a greater evil for young people to indulge in promiscuous intercourse and use unnatural means to avoid the consequence.

16. What other evils, or what evils, would originate from a wide extension of fornication?—I think the evils that come from any physical excesses.

17. We must not assume excesses in this matter. That is not the thing?—Well, promiscuity in sexual intercourse usually means excess. You are discussing the point of view of excess, are you not?

18. I think we must keep our minds quite clear from the effects of illicit intercourse and excessive sexual indulgence. They are two separate things. For instance, take the Mercantile Marine calling at a port once a month. You would not call that excess, it is illicit. What I had at the back of my mind was, is there anything in the sanctity of marriage, in the proper relationship between the two sexes, which would be injuriously affected by wide extension?—The sanctity of marriage would inevitably be injured, and under such circumstances the ideal sex relationship would not exist.

19. DR. AMAND ROUTH. You advocate, I understand, the teaching of young women in some sex matters, such as continence until marriage. You do not think it would be unwise to allude to the advantage of that, do you, in a suitable class?—I should go further. I should advocate teaching girls and boys the sane and true view of sex to a full extent, and answering every question they liked to ask, and when they are old enough, when they are going out into the world, I should teach them about venereal disease, in common with other infectious diseases. I should strongly advocate the teaching of it.

20. As regards education on sex matters, you draw the line at giving them any instruction on methods of self-disinfection for the reason which you state. You would not consider it right, in a class of girls whose propensities you do not know, to allude to self-disinfection?—Well, frankly, I do not think there are many women who would like to take the pamphlet which has been put before us and explain it to a class. To put it plainly, we, as medical women, consider it a perfectly disgusting pamphlet; we think it is most unsuitable, and, as I have indicated, we think it is impossible and useless.

21. And on the following page you speak of how the methods are to be carried out. In speaking about these two important classes of women, virgins and married women, you say virgins could not use the methods, and by that you mean that on the first occasion that they commit fornication they would have no means of protecting themselves?—Quite so.

22. And consequently they might become infected that time and infect others after?—Quite.

23. I do not gather, in the latter part of the second paragraph on page 2, that you recommend that all married women should use self-disinfection. It is only if there is any doubt as to what

her husband has been doing during an absence?—Yes, and of course you must take into consideration also the fact that, whether women know it or not (and they ought to know it), it will prevent them having children. In any case I think the women should be told frankly that if they succeed in making it a prevention from venereal disease, it will also prevent conception.

24. I want to be perfectly certain that my colleagues understand you. You are very much against unnecessary contraceptives?—Yes, I am.

25. And you disapprove of the advocacy of self-disinfection partly because it will also act as a contraceptive?—That is so. I consider it is a very serious thing. My feeling is that people would find out the contraceptive action quickly if self-disinfection came into common use at all. It would be discovered that they were contraceptive. Some people using self-disinfection might think it was an advantage for that reason, but it seems to me that it would be a great disadvantage.

26. You say that in most instances you are still within the mark in saying that half the infected men had used prophylactics?—In some of the statistics, roughly half the men said they had used prophylactics.

27. It does not say how they used it?—A large proportion said they had been drinking.

28. Then that being so, those facts would be strongly against the efficiency of self-disinfection. We have not had it stated in that definite way before. You agree that promiscuous intercourse cannot be made safe by any known method at present?—No, because even if the disinfection prevents one individual being infected, it does not make it safe, because there are so many individuals who are infected that it would be hardly fair to say it would be a safe thing, even if one-third or one-half of the users were protected.

29. DR. ERIC PRITCHARD. I think I understand you to say that you approve of the teaching of sex hygiene up to a point, and that is in regard to venereal disease?—Yes.

30. Would you make a general assertion that you object to all pamphlets or teachings?—Well, I do not quite know what you mean about a pamphlet.

31. Are there circumstances in which it would be advisable to inform the young girls that there are dangers in connection with infection, and that there are means of preventing that form of infection, as there are other forms of infection?—I should think it quite right to tell them of the dangers of infection, and I should not feel I was speaking the truth if I said they could protect themselves against it.

32. You think the use of French Letters would not be the means of protecting the woman?—You are speaking from the point of view of the woman protecting herself?

33. Yes?—I think that the French Letter would be a protection if you could rely on every one issued as being safe, but how many people test them? And if they could not be safe, I

think it would be very unfair to teach the girls that if they are used intercourse would be safe.

34. You do not think it is possible by any prophylactic measure to reduce the danger of venereal disease to a comparatively small extent?—No, I do not.

35. MGR. PROV. BROWN. I understand, if people were taught, it would be a good thing to diminish the danger?—To some people it would have no effect at all.

36. Have you any knowledge whether medical students escape venereal disease?—I really have not enough knowledge to say.

37. Presumably they would know the dangers?—They would know the dangers, or they ought to. They used not to be taught very much about the subject, but they are now; it is, however, comparatively recent.

38. DR. MARY DUNNETT. You do not regard self-disinfection as a precaution from venereal disease?—In men or women?

39. In both sexes?—Do you mean as used by the multitude?

40. Yes, you do not regard self-disinfection as a sure shield against venereal disease?—No, I think the proportion who would use the methods so as to be efficient would be so small that it is negligible, and to ensure they are all doing it would require such propaganda that I think it would lead to more risks of infection because of the supposed safety.

41. Have you any experience of Early Treatment Centres?—Do you mean the centres open for immediate treatment after infection?

42. The cleansing stations?—No.

43. Can you give us a useful alternative method as to a prevention from venereal disease. Have you any active method that you can suggest to this Committee that would be useful to check or stamp out venereal disease?—That is a very big question.

44. Can you give us briefly what would be your campaign against venereal disease?—I think it is very difficult to say. I think the earliest possible treatment of the infected people, and teaching them very carefully about the risks of spreading infection to others, is a most important point. Of course, really, if you are going to get to the source, you must somehow have a campaign to teach people continence, and that promiscuous intercourse cannot be indulged in without risk of disease.

45. Do you think that women and young girls are teachable, and if we have a campaign it would be of any use? The feeling has been expressed that adults are quite unimpressionable?—I think at the present moment young girls are not inclined to listen, and it makes it difficult. There is an idea about that there is now safety. Young prostitutes say, "It does not matter if we get venereal disease, we can get cured with an injection." They cannot, but they think they can; therefore I think that propaganda with regard to the thing being made safe is one that needs to be very carefully thought out, for it would further spread the belief that no dangers still remain. I think that to say a thing can be made safe if it cannot, is a most dangerous thing.

46. SIR HUMPHRY DAVY ROLLESTON. Supposing it were possible to protect against the contraction of venereal disease in the same way as it is possible to protect against the contraction of enteric fever, would you be in favour of it?—I should if you mean the predisposing cause, irregularity in sex life, because it means the doing away with possible infection.

47. Would not that lead to a considerable amount of moral looseness?—On the contrary.

48. Supposing there was such a thing as a vaccine which would prevent infection taking place, would you be in favour of wiping out the disease altogether by that means?—To vaccinate the whole nation?

49. The whole world?—Yes, I should do it.

50. Would that not lead to moral looseness?—I do not think so.

51. Yet you do think that the attempts which have been made to prevent the disease would lead to moral looseness?—Yes, but because those attempts involve teaching which assumes that all young people will naturally indulge in promiscuous intercourse, and which consequently tends to create a public opinion on the side of a low standard of morality. Public opinion ought to be on the side of exercising continence and self-control, and can be a most powerful force in building up the morals of a nation.

52. Has that ever been the case in the world?—Perhaps not for *both* sexes, but public opinion has been a powerful factor in the past with regard to chastity in women, and I hope that the world will rise to the inclusion of both sexes in its ideals.

53. Now in regard to the Early Treatment Centres, that is, early disinfection, are you in favour of that?—Well, I find it very difficult to say. It depends entirely on how the centres are run. I think they might be a source of great benefit, but I think that they need to be run with great care. I do not think that their existence should be advertised broadcast, but I think they should be there. It is quite a good thing to have them there for people to go to, and probably the right people, *i.e.* those who have risked infection, would get told; they would teach each other without absolutely polluting the minds of all young people. I think the doctors and attendants in the Centres should teach these people that their way of life is more than likely to bring them into the same trouble again. It all depends on the influence which is brought to bear on the minds of men and women using those Centres. I feel strongly that a great deal of work is done in connection with venereal disease without telling people the whole truth about the uncertainty of both prophylaxis and cure.

54. You think a hundred years hence it will be found that the best course was to adopt what you suggest, and not make some drastic efforts to stamp out the disease entirely?—I think effort should be made, but the drastic effort must be well considered.

55. You have seen some statistics which are strongly in favour of self-disinfection to reduce the disease?—Yes, but I do not think English men and women in peace-time will submit to being put under Army conditions.

56. I should give them the opportunity, bring it within their reach?—Well, it is such a difficult thing. You are no longer living in a time when you can command a man to come back under observation and be treated immediately; we are now under peacetime conditions. In the one case he is severely blamed for not reporting, but you cannot enforce that in civil life, and, apart from that enforcement, would you have good results?

57. SIR FREDERICK MOTT. Would you be in favour of placing venereal disease, like other infectious diseases, under the Medical Officer of Health?—You mean notification?

58. I am not speaking of notification, but the prevention of venereal disease under a recognised authority such as the Medical Officer of Health?—Well, that would involve notification, because you could not get at it unless you knew where it was.

59. Oh yes, you could. A good many ports have acted already. Have you seen this pamphlet from Portsmouth? That is what we are doing at Portsmouth, and it has met with success?—It was done for them.

60. No, Sir Archdall Reid did not do it, but merely gave instructions, and the success of the treatment was instructing them properly. It is merely instruction. Now supposing in a district the Medical Officer of Health said: "I have given everybody in my district instruction, and they have still got the disease and have communicated it to another person," would you not make them liable for having communicated that disease?—It seems to me, if you have anything like that, you are going to have the disease hidden up, and the people will not let it be known: treatment will thus be hindered.

61. It cannot be hidden up if somebody says: "I have got the disease from this person?"—Would not much blackmail result?

62. Is not venereal disease already notifiable, in the case of gonococcus-ophthalmia?—Yes, in that one case.

63. Has it done any good?—Yes, but the difficulty appertaining to the sex relationship of the disease does not come in.

64. It has come in when the man probably gave the woman gonorrhœa when she was pregnant?—Yes, but at present he is not prosecuted for having done so.

65. A few prosecutions when it was actually proved that the man had had that criminal knowledge would be quite right?—Possibly, but how would that work out? Practically it would not work. You would have to prove in a Court of Law who the person was that had given it to you.

66. That could not possibly come until you had educated the public with a knowledge of venereal disease and how it could be prevented, and then the law could say, "You know how it could be communicated, and how it could be prevented"?—How could you prove in a Court of Law that a definite individual was the one who had given you the disease? How would you substantiate your case?

67. In certain cases it would be proved?—In most cases it would be impossible to prove.

68. You recognise the fact that something has to be done, do you not, more than the treatment after the disease has become constitutional?—Well, I recognise that we want something to be done, but we must see that the methods adopted are not going to do more harm than good. We do not want to do something for the sake of being active.

69. Supposing this was a success at Portsmouth?—Was not that under military rule?

70. No, it is not, this is the Borough of Portsmouth?—Yes, but one wants to be sure it is a success.

STATEMENT OF DR. BOND

Medical Officer of Health, Borough of Holborn

1. THE PRESIDENT. Your paper, I think, is largely on the moral side?—Yes.

2. SIR ARBUTHNOT LANE. Your last remarks are most interesting and to the point. That seems to be the crux of the thing; that is what it seems to me. On page 10 is the answer to the whole question from the sentimental aspect of it.

3. SIR FREDERICK MOTT. Have you seen this pamphlet (handing witness the Portsmouth special pamphlet for men only)?—Yes.

4. Do you approve of it?—Yes, I do.

5. Have you recommended similar methods?—Yes, I spoke to the Mayor about it this morning, because one or two of our Public Health members thought I should get the sanction of the Holborn Borough before I attended and obtained his permission. I put some posters and leaflets in my bag. These are the leaflets, and are entitled: "What every man should know." I have only brought two of the posters as the substance of the poster is on the back of the leaflet.

6. How do you propose that the infected person should obtain these things?—Well, he would at the present time have to go to a chemist.

7. Would the chemist be allowed to sell it to him?—If he asked for it, I think so. I think as a rule the chemists would sell it. I suppose it is strictly illegal if a man told him what he really wanted it for. I have found no objections raised that the chemists have refused to sell.

8. Have you any idea how far this has been effectual?—That I cannot say at all. I have been informed that they have been much appreciated, and a large number of men have taken copies. We have had ten thousand copies printed. These were only issued in October, and a further supply is under consideration.

9. By what method do you issue these leaflets? Do they come for them?—No, these larger posters are only put in the underground conveniences, and in each of the underground conveniences we have what is called a "Please take one" box, about six feet above the floor, and any man can take a leaflet.

10. SIR ALFRED PEARCE GOULD. Are they put up in the conveniences for women as well as for men?—No, I am sorry we have not dealt with women up to the present. It is more difficult to deal with women.

11. SIR FREDERICK MOTT. I was going to ask you what provision you are making for women?—In the women's conveniences we have only put up the L.C.C. poster which gives a list of the more immediate Venereal Disease Clinics at hospitals in the neighbourhood.

12. There is no leaflet of this sort?—No, that (the L.C.C. poster) is when they have actually contracted the disease.

13. You are of opinion that this leaflet for men is more likely to be effectual than Ablution Centres?—Decidedly; in fact the whole essence of the thing is *immediate* action.

14. Any delay must increase the risk?—Yes.

15. You have heard the Reverend Gentleman's evidence; do you think this leaflet will have a serious effect on the morals of the people?—Not in the least. In my opinion, if anything, it ought to prevent them from being immoral.

16. I see you have put down that chastity is quite consistent with good health, which is quite right?—Yes. Prevention is infinitely better than cure.

17. This leaflet is better from an economical point of view?—Infinitely more economical.

18. And therefore much more likely to be taken up by the authorities?—Certainly. Personally I consider the cleansing stations quite impracticable, for many reasons.

19. Then the success of any treatment established will depend largely upon the enthusiasm of those who are interested in it, in pushing it and explaining it?—Yes. Still I think that it can be understood by any intelligent person, any average man, but probably it would not be understood by an idiot or an imbecile, or any average man who had temporarily made himself so by alcoholic beverages.

20. It would be quite clear to an average man?—Yes.

21. Then I notice that you mention that chastity is quite consistent with good health up to a mature age. I suppose you mean in adults?—Yes.

22. And then you think certain individuals might suffer from neurasthenia, hysteria or other diseases from enforced chastity?—No, I think not, I have tried to bring forward some evidence contrary to that.

23. But still it is the experience of medical men that large numbers of these functional nervous diseases have a sexual basis?—Yes, in their opinion.

24. Before the War it was thought that neurasthenia was entirely of sexual origin?—Yes, only my point is that one wants to try and prevent that by having children and adolescents properly trained.

25. By early marriage?—No, not only early marriage, but having them properly trained from youth upwards.

26. DR. MARY SCHARLIEB. You would not deny that many men and women who are perfectly continent throughout life enjoy very good nervous health?—Certainly not. I have not been in practice for the last thirty years, so I have had no recent practical experience, but from the evidence I have brought forward here, and from my own personal experience, I think they may lead perfectly active healthy lives, both mentally and bodily.

27. And you agree that people who take the risk of infecting themselves run a far greater risk of disease and premature death than those who live a continent life?—Yes.

28. SIR HUMPHRY DAVY ROLLESTON. Have you any evidence of the increase of venereal disease, and whether it has been modified in any way by steps taken to counteract it?—None whatever. Our borough is practically an extension of the city. We have enormous numbers of people there during the day, but they go home and sleep out of the borough.

29. DR. MARY DUNNETT. Do you think these instructions to self-disinfection would be sufficient to cause it to be adequately performed?—Yes, I think so, for the fairly well-educated and fairly intelligent man. I think it might not be possible for an imbecile or an idiot, or those who have made themselves such by alcohol.

30. MGR. PROV. BROWN. I see in the evidence you say that the men get the disease mainly, not from the professional prostitute, but other women. Is that so?—It is so; I know that is the case.

31. It is on the leaflet, therefore I presume you put it forward as an authoritative statement?—Yes.

32. Based on evidence?—Yes, based on evidence.

33. Now how do you propose to deal with these immoral women and young girls?—Well, it is difficult to deal with them, but we ought to keep them under control as much as possible.

34. How do you mean, under control; under physical restraint, or moral restraint?—Both, especially the feeble-minded and mentally degenerate. Unfortunately, many have had a bad training, that is why I recommend proper training at school.

35. Then you consider that there are not sufficient means for the disinfection of these women?—We have not dealt with the disinfection of the women up to the present. It is always considered to be much more difficult.

36. Is that not the very root of the question?—No. We consider it is much more important to begin with the men, because if one prevents it in the men, one would not get the infection in the women.

37. But the man must get it from the woman?—Yes, it is a vicious circle, but immediate self-disinfection would prevent infection of the man.

38. Surely you are not attacking one of the most important factors. Do you propose to go on dealing with the women?—Yes, shortly it will receive consideration.

39. Do you know of any sure means by which the woman could

be disinfected?—I would rather not deal with that, because I have not thoroughly considered it yet. It is generally considered much more difficult.

40. DR. ERIC PRITCHARD. Do you think that if you were a dictator you could eliminate in this country venereal disease from civilians?—Yes.

41. You think so?—Yes.

42. How long do you think it would take?—One or two generations, I suppose.

43. Do you think that if you were a spiritual dictator you could eliminate venereal disease by moral suasion?—Well, I am not sure. From the experience of the past it would be quite hopeless.

44. Do you think it would be possible?—No, I do not think it would be possible.

45. I entirely agree with you, but do you think that the effects of venereal disease on women and children and innocent individuals is sufficiently great to take any drastic measures such as hygienic dictators might take?—Yes, I think it is the most humane thing to try and prevent.

46. You make a general statement that you think continence is perfectly consistent with mental and bodily activity?—I say probably, I think so; I believe it is.

47. Do you think if you took persons who had been accustomed to very loose ways in connection with sexual indulgence, they would suffer mentally or bodily, owing to the fact that they were to be cut off from their accustomed indulgence?—People who have indulged to excess, as a rule, have to suffer for it.

48. They would suffer?—I think probably their health would not be as good as if they led decent lives.

49. Quite so, but that is not my question. If an individual who has indulged up to date then continued a life of continence, do you think they would suffer in health, either bodily or mentally? Do you think it would interfere with the continuance of their good health?—Not at all; if anything, I should think it would improve their health.

50. You don't think they would get like a stallion or a race-horse, absolutely unmanageable?—I do not think so, if they were properly fed and if they led decent lives.

51. Don't you consider that animals kept for stud purposes are in very fine animal health?—Yes, but as a rule they are overfed for the purpose.

52. You find they have good health?—Yes, but I think if a horse is not going to be used for breeding purposes, it is very desirable that he should not be fed so much, and that he should have plenty of exercise.

53. You don't think they suffer in bodily health if they do not have the opportunity?—I think not, if the horse is not overfed, and has plenty of exercise.

54. DR. AMAND ROUTH. I wanted to ask a question on a paragraph in this poster: "The most definite medical and

scientific evidence shows that venereal diseases can be easily prevented by the adoption of immediate self-disinfection after sexual intercourse." Don't you think that that makes them think that they are perfectly secure if they use self-disinfection immediately afterwards?—If they do it thoroughly.

55. But you do not say that in that sentence at all. "Venereal diseases can be easily prevented by the adoption of immediate self-disinfection." Does that not rather give them the impression?—I quite agree we ought to have put in the word "efficient," but the leaflet states that the only safe, right and manly course is to exercise self-control, and the directions state that the disinfection must be *thoroughly* done.

56. You agree that the effect of that sentence is, that it rather encourages promiscuous intercourse?—No, the leaflet advocates self-control, either by chastity or by immediate self-disinfection for those who will indulge.

57. I want to go to page 7. You bring in a sentence by St. Paul: "Although St. Paul advocated celibacy, he wrote that 'it is better to marry than to burn.'" I do not see that proves your point at all. He does not say it is better to commit fornication than to burn, but that it is better to marry?—I do not mean that. I afterwards go on: "It is surely a higher morality that a man should 'burn' than that he should seduce a girl, with the frequent terrible consequences for the girl."

58. You rather imply that when St. Paul said it was better to marry than to burn, that he was following the idea that venereal disease could be cured by having connection with somebody?—No, this is on Question 1 only. I am then only dealing with Question 1 in your Terms of Reference.

59. But that is an encouragement, of course, to marry?—Yes, at maturity.

60. Then on page 9 you allude to some evidence given in *The Times* of November 27. I think you say you agree with it. In that letter it begins by saying: "In view of the evasive and illogical attitude taken by the Ministry of Health in its first annual report, and in its refusal to assist the policy of the Society for the Prevention of Venereal Disease, as evidenced by the Minister of Health's reply to our deputation, we feel that it is our duty to lay a plain statement of the facts before the public, who we hope will demand an inquiry by an impartial and competent body as to the strict truth of such statements." Can you tell me what you mean by that? What is the policy they have refused to assist in? Is it the distribution of packets that you think they ought to have helped you in?—No, the principle of immediate self-disinfection as I understand it.

61. THE SECRETARY. In regard to that, have you made a proper application for financial assistance?—I think I asked the Ministry of Health whether they had received a definite application from your Society for money, and they said they had not received such an application, and therefore it is hardly correct to say they have refused, is it?

SIR FREDERICK MOTT. I think when we appeared before them we asked for it and they would not give it. It is only one of the devious methods they have.

62. DR. AMAND ROUTH. Then, just the last paragraph on page 10: "Also the S.P.V.D. recommends that, as they are less common, they should be made more easily available." Have you formed any definite idea as to how they are to become available?—It is in the directions for self-disinfection, if you look at the second paragraph.

63. They are to buy at a chemist's?—Yes.

64. Would they state what it was for?—No. Permanganate of potash is used for many purposes, in fact, it has been recommended by the Ministry of Health for influenza.

65. SIR FREDERICK MOTT. Supposing they take the leaflet to the chemist's shop, would that be illegal?—Yes, I think so.

66. Ought it to be illegal?—No, I think not.

67. SIR ALFRED PEARCE GOULD. Is this poster and leaflet all that your borough has done to deal with venereal disease?—We have only had the other poster put up which is supplied by the London County Council, and lectures given by the N.C.C.V.D., in our offices, etc. The propaganda work is, I understand, now being done for the London County Council by the N.C.C.V.D.

68. Have you got anything to try to protect the innocent from infection?—Yes, the leaflets try to protect them by recommending self-disinfection. When they come before us at Maternity Clinics, we try to deal with them if we find that the women and children are infected.

69. That is curing them. Can you tell me any practical efforts?—No, we consider they are rather impracticable.

70. You know there are methods suggested?—Yes, and I see no reason why they should not be adopted. In all hospitals one would like to see cleansing stations, but at best they are only necessarily delayed disinfections.

71. I am for protecting the healthy young woman from infection from her husband when she marries?—We have not dealt with that in any other way.

72. Have you any knowledge of any means to deal with that?—One might recommend a man always to use calomel ointment before connection.

73. There are other means than that?—Yes, but we have not recommended them.

74. There are local measures and other measures?—He can abstain from sexual intercourse.

75. And abstain from marriage?—Yes, of course.

76. Have you any experience of that?—No.

77. Do you know of any efforts made by the medical profession, or any profession, or any body of people, to protect the innocent?—I think the medical profession would be in favour of making it illegal for any person suffering from venereal disease of any kind to be able to marry. I think it should be illegal.

78. THE PRESIDENT. Knowingly?—Yes.

79. SIR ALFRED PEARCE GOULD. Would you go so far as to say they should have a certificate of health?—Yes, I should like to see that. It is as important to protect the man or woman as it is for the law to prevent a clergyman burying a body without a certificate.

80. You have been asked about the failure of moral means of arresting venereal disease, and you state that in your opinion you thought it impossible?—Yes, especially from the history of the war.

81. Can you tell me any community at any time where moral measures were fully adopted supported by the law of the country?—No, I am not aware of any.

82. We do not in England, we condone it. A man who goes in for fornication is admitted into any department of the State in the country?—In a way we do, but, of course, the nation is supposed to be Christian.

83. MGR. PROV. BROWN. Is there any historical evidence which gives rise to this popular superstition that a diseased person may be cured by having relations with another person?—I do not know how it arose.

84. Would it be wise to point out that it is superstition, and nothing more, and that it goes on extensively?—Yes, one would like to have it stated, and any other superstition, but the leaflet is necessarily very brief.

85. Is there any objection to that being stated?—Not at all, I should like to see it stated.

STATEMENT OF GEORGE W. JOHNSON, ESQ., C.M.G.

On behalf of the Association for Moral and Social Hygiene

THE above Association stands for two principles: (i) the absolute harmony between moral and physical laws; (ii) an equal moral standard for men and women.

1. Holding these principles, we cannot fail to be convinced that continence before marriage is consistent with normal physical health. Even if it were not so, it would be better for a man to suffer in health, than to indulge in promiscuous sexual intercourse, since such conduct involves the degradation of another person.

2. Disinfection Centres are likely to be more efficacious than self-disinfection, *provided* as many persons take advantage of them as would take advantage of self-disinfection. But it is probable that only a very small proportion of the persons concerned would go to such centres; and therefore (apart from any moral considerations) the provision of such centres seems a very doubtful policy.

3. Self-disinfection, as advocated by the Society for the Prevention of Venereal Disease, applies both to women and to men, and includes action *before* exposure, as well as immediately (or as soon as possible) *after* exposure.

The methods proposed for women seem to be only intended for regular prostitutes. Such women have in many cases for many

years adopted similar measures, without their ceasing to be sources of infection. While they may secure by these means some diminution of the risk of themselves becoming infected, they may very likely at the same time actually increase the chance of their becoming carriers of disease to others.

There is no clear evidence that the methods proposed for men have been, or are likely to be, efficacious in every case, or even in a large proportion of the cases, in which they are carefully used and so used shortly after exposure. The circumstances surrounding sexual intercourse are such that very few men would be likely to take the trouble, and of those few only a small proportion could or would do it properly.

4. The provision by the State of Disinfection Centres, or the public advocacy of self-disinfection, tends to foster the belief that continence is an Utopian ideal, and that promiscuous sexual indulgence can be made safe. Both plans accordingly tend to increase such indulgence, with the probable result that venereal disease will be increased rather than diminished. Even if any decrease in the total prevalence of venereal disease resulted from such methods, it would not be a national gain, if it were purchased at the expense of a moral deterioration of the race.

1. THE PRESIDENT. Well, Mr. Johnson represents the Association for Moral and Social Hygiene, and he would like to mention one or two introductory remarks and explain his précis, and then we can ask him questions?—I am speaking for the Association for Moral and Social Hygiene, which was founded fifty years ago. That Association has always been in favour of early treatment, but we are not in favour of early preventive treatment.

2. You are in favour of the early treatment of the disease, but not in favour of treatment before the symptoms of disease?—We are not in favour of early preventive Treatment Centres or Disinfecting Centres being established. I want to make these preliminary remarks. Venereal disease is in all cases originally caused by promiscuous sexual intercourse. Of course there are cases where the wife gets it from the husband, but the husband first got it through promiscuous sexual intercourse. When therefore venereal disease has increased, we can be practically certain that promiscuous sexual intercourse has increased, and when venereal disease has diminished, we can be equally certain that promiscuous sexual intercourse has diminished. Now the only evidence covering a long period of years that the Royal Commission on Venereal Disease was able to produce in regard to the prevalence of venereal disease among the civil population, was the statistics of the number of candidates for recruitment in the Army who were rejected on the ground of syphilis. These statistics showed that the rejections decreased almost continuously from 160 per 10,000 in 1870, to under 20 per 10,000 in 1911. I do not think these figures can be explained away. I think they prove conclusively that there was some decrease in the prevalence of venereal disease in this country during those forty years; and

that this decrease must be, in part at least, due to moral preaching resulting in improved morals. The improved morality of the country seems also to be evidenced in the statistics of illegitimate births for the same period. The numbers of such births per 1000 single and widowed women between the ages of fifteen and forty-five decreased almost continuously from seventeen in 1870 to eight in 1911. There was a further fall to 7·4 between 1911 and 1917, and a slight rise to 8·1 in 1918 and 1919. It has to be remembered, with regard to venereal disease, that during that period, or during the greater part of that period, very little was done by the medical profession as a whole, or by the hospitals, for the adequate treatment of venereal disease, and therefore I feel justified in saying that the reduction was due to a moral change. Since the War there has been a slight increase in venereal disease, in the Army, such as took place after the Boer War. I quote the Army because they are the only comparative statistics available. Since the Armistice there has also, as I have said, been a slight increase in illegitimate births. Now, coming to the definite questions, which this committee has been appointed to consider. As to the first question, it shocks me that in this generation any committee should be asked to state that continence is consistent with health. I thought this question was settled long ago, although there has perhaps not been any definite pronouncement made by the medical profession as a whole, or the Church as a whole. The Church of England is unfortunately somewhat tainted by that horrible statement in the Marriage Service (which does not occur in the marriage service of any other Church), about marriage being ordained as a remedy for the sin of fornication. That is responsible for many people thinking that fornication is a very natural thing to practise, and that marriage is a very convenient and safe place in which unlimited sexual indulgence may be carried on. Surely not only continence before marriage is consistent with health, but moderation after marriage is also consistent with health. As I have referred to the Church of England Marriage Service, I should like to say that I rejoice to think that that horrible statement will, I hope, be shortly taken out of it. I believe it is nowadays generally accepted that continence before marriage is consistent with normal health, and that few doctors now would recommend a man to practise fornication.

3. Might I suggest that you just shortly deal with the précis, because the members would probably like to ask definite questions?—Even if continence were in any case inconsistent with health, I think that a man ought to suffer in his own health, rather than indulge in promiscuous sexual intercourse, as such conduct involves the degradation of another person. As to the second question, it seems almost certain that disinfection carried out by a trained attendant would be more effective than disinfection carried out by the man himself.

4. I think we can elicit these facts by questions if you would shortly state your points?—I am not sure that I want to say any more at present.

5. **SIR ARBUTHNOT LANE.** I would ask the witness whether the questions and answers are equally reliable and trustworthy. Do you place any value on your answers?—Yes.

6. I think you said you were not a medical man?—Yes, that is so.

7. What are your qualifications for answering No. 1. I will take that as an example “I am convinced that continence before marriage is consistent with normal physical health. Even if it were not so, it would be better for a man to suffer in health, than to indulge in promiscuous sexual intercourse, since such conduct involves the degradation of another person.” I say you know absolutely nothing about it?—Mr. Chairman, may I be protected from such statements?

8. Tell me your qualifications?—For the last forty years I have been giving continuous study to the question, I have read many articles by doctors on both sides of the question, and I have discussed these matters with doctors.

9. You have no personal knowledge?—No, no personal knowledge.

10. You are merely quoting the opinions of others?—Yes, I imagine that every witness before you has largely done that.

I say your answers are absolutely and perfectly wrong.

THE PRESIDENT. Will you go on with the questions?

SIR ARBUTHNOT LANE. I am simply taking that as an example of the whole thing.

11. **DR. AMAND ROUTH.** In the last paragraph but one, you say: “There is no clear evidence that the methods proposed for men have been, or are likely to be, efficacious in every case, or even in a large proportion of the cases, in which they are carefully used, and so used shortly after exposure. The circumstances surrounding sexual intercourse are such that very few men would be likely to take the trouble, and of those few only a small proportion could or would do it properly.” Are you speaking of the centres there or of self-disinfection?—Self-disinfection.

12. You do not think that every civilian gets reliable self-disinfection, which is likely to be effective in a large proportion of cases?—I think that is so, because I have read the evidence on both sides, and I cannot find it has been successful in a large proportion of cases in the Army.

13. And you think on the whole that advocacy for either self-disinfection or centres does more harm than good?—Yes.

14. **DR. CHARLES GIBBS.** You say that all venereal disease is conveyed by sexual intercourse?—I did not say that, I said that all venereal disease was originally caused by promiscuous sexual intercourse.

15. Then you state that venereal disease is not on the increase?—I have found no evidence for it.

16. Shall I give you some facts? I am engaged in treating venereal disease all day?—I am speaking of the period before the War. I understand no evidence was brought before the Royal Commission on Venereal Disease about any increase.

(Here the Bishop had to leave and Dr. Charles Bond took the chair.)

17. DR. ERIC PRITCHARD. Do you think the professional prostitute or the amateur girl is the greatest source of danger to the civilian population?—I have no opinion on the subject. I have heard it stated that the so-called amateur is the greater cause, but there again I say that she must have got it from the man, who probably has got it from the professional prostitute.

18. I think that, as far as the evidence before this Commission goes, that most of the witnesses are agreed that amateurs are the chief source of infection?—But where do they catch it from?

19. That is german to what I am going to ask you. You say that the professional prostitute has in many cases for many years adopted similar measures, without their ceasing to be sources of infection. Don't you think there is some association between the lessened source of danger of the professional prostitute, as compared with the amateur, for the very reason that she adopted measures of self-disinfection?—I think that is possible, but I do not admit it. I merely state here that the professional prostitute still does cause disease, but possibly not to such an extent as she would if she did not use disinfecting measures.

It seems a strong argument if one is going to tackle the real spirit of the disease if we can get any evidence that disinfection does lessen the disease.

20. SIR HUMPHRY DAVY ROLLESTON. In No. 2 you say that "Disinfection Centres are likely to be more efficacious than self-disinfection, provided as many persons take advantage of them as would take advantage of self-disinfection." Have you taken into account the important element of time?—I was referring to the Disinfection Centres like those which are in Manchester, and which are open day and night. I mean to put it that assuming the man went there immediately, or shortly after exposure to risk.

21. Then there is another point in No. 3, the second paragraph. You say: "Such women have in many cases for many years adopted similar measures, without them ceasing to be sources of infection." My impression is that that is not based on definite knowledge about individual women, but is based on the fact that a certain number of prostitutes have adopted those methods and the disease still continues to be conveyed by prostitutes?—That is what I meant to say.

22. You have not been able to trace a number of prostitutes who have adopted these methods and still continue to promulgate the disease?—I do not think that data of that kind can possibly be got. I admit that it is only an impression.

23. That rather conveys the fact that you have data to give?—If I had been able to explain this, I did not intend to follow that wording exactly, and if I were writing a treatise on the subject I should safeguard that remark.

24. DR. MARY SCHARLIEB. May I suggest that you have not seen the recent figures with reference to the recent increase in venereal disease, and also the increase in illegitimate births?

I have got them for 1919 for illegitimate births and the 1919 figures for the Army for venereal disease?—I have certainly seen some statistics lately showing that there was an increase in venereal disease, and also a considerable increase in the number of illegitimate births. I said there had been an increase since the Armistice. The increase in venereal disease in the Army brings us back to the figures of 1910 (between 1909 and 1915 there was a continuous decrease); and the figures for illegitimate births in 1919 also bring us back to what they were in 1909.

25. It was recently I mean?—That is, 1919.

26. I saw the Registrar-General's figures the other day, which suggested that illegitimacy was on the increase?—These are the Registrar-General's figures, and the figures for 1920 are not available. I admit that there is an increase, but the increase only brings us to the standard, in both cases, of ten years ago. That is the point. I do not want to exaggerate that. I admit them both.

27. THE SECRETARY. May I ask the witness whether it is not a fact that the legitimate birth-rate has been persistently falling for some years, and that the illegitimate birth-rate has remained steady?—It has only risen the last two years.

28. The legitimate birth-rate has declined and the illegitimate birth-rate has remained as it was, so that the illegitimate rate is relatively higher?—That may be so. I do not know.

29. Will the witness state briefly what are his moral objections to self-disinfectants, in view of the fact that the witness represents the Society for Moral and Social Hygiene?—I have no moral objection whatever to self-disinfection, my moral objection is to the State advocating any particular method of self-disinfection in such a way as to lead people to think that there is a very big probability of success.

30. SIR FREDERICK MOTT. Would you object to the pamphlet issued by the Holborn Council being used?—I agree with you in regard to the paragraph in that pamphlet which has already been criticised, but even with that amendment I should object to it.

31. Dr. Bond agreed with the suggestion that the word "efficient" should be put in?—There are so many cases where the men have adopted these precautions, and adopted them as they say immediately afterwards, and they have proved failures.

32. What evidence have you of that?—The evidence contained in the Report of Lord Astor's Committee [Cmd. 322], and in the statement of the Ministry of Health in regard to the Portsmouth area [Cmd. 505].

33. You have not heard Sir Archdall Reid's explanation of that?—No.

34. You have not read the book?—No.

35. Well, you will see that he answers it. It depends on the efficiency with which it is carried out. Do you object to this because it condones the offence?—I think that constantly putting this before people's mind, however it is worded, and even if it merely said that venereal disease may in a large number of cases

possibly be prevented by self-disinfection, I do not think is inadvisable, because it is putting it in the minds of many people who otherwise would not go in for—

36. SIR ARBUTHNOT LANE. Venereal disease?—No, fornication.

37. SIR FREDERICK MOTT. You said that there was no increase in venereal disease?—Not until the last two years.

38. Here is a paper dated 1917, signed by the Chairman: "Venereal diseases are ruining the health of the nation, they may, and even do, involve insanity, blindness, miscarriage, paralysis, premature death. It has been estimated that there are 800,000 fresh cases of venereal disease every year in Great Britain. There is a great danger that they will spread enormously upon demobilisation"—But that says nothing about any increase.

39. Are not eight hundred thousand enough?—Directly the Report of the Royal Commission was issued, my Association circulated a summary of the recommendations, and stated how much they approved of the attempts to cure the disease.

40. Yes, but the supposed cure of the disease has failed. Don't you think that the first duty of the State is to prevent the disease?—I am not convinced that they have got near preventing it by the proposed measures of self-disinfection.

41. Don't you think that everything ought to be done that can be done to prevent the spread of this disease?—Not if the methods adopted of issuing these posters lead to an increase of sexual indulgence. This constant dinning of the subject into the minds of young people may lead them astray.

42. You would not warn them?—Yes, certainly I would warn them as to the dangers of fornication.

43. That is dinning it?—Yes, but I would not put up these posters, which suggest that fornication can be made safe.

44. It is put in the newspapers and advertised by the National Council?—They do not advertise the cure.

45. Oh yes, they do?—I think the prevention is so absolutely fallacious that to advocate it publicly is dangerous.

46. You are not speaking from personal knowledge?—No, because I do not know what personal knowledge one can have. I have heard of so many cases where the man has said that he has been led astray by these notices.

47. That is important, if it is so?—I refer to cases when steps were taken in the Army to recommend self-disinfection.

48. You do not think that that might be an excuse?—How?

49. The men might have contracted it for the purpose of getting out of the Army?—Of course it is possible, but I do not think it is probable. I want permission to say one thing?

50. THE PRESIDENT. Yes?—I do not understand what the Minister of Health means by saying that he has watched, and is watching carefully, the results of the Disinfecting Centres at Manchester, with a view to seeing whether it is advisable to continue them. I do not know what sort of evidence he expects to get to prove that they are successful or unsuccessful.

51. You are not asking the Commission to answer that?—I do not, of course, ask you for an answer at this moment, but the point seems worth considering.

STATEMENT OF THE REV. JOHN J. WILSON

St. George's Association, Manchester Branch of the White Cross League

1. We are surprised that Question 1 should be asked, but since it is put, we say emphatically, Yes. We have consistently maintained this position.

2. If the stress in this question is laid exclusively on the efficiency or non-efficiency, from the medical point of view, of self-disinfection, we are not prepared to tender evidence on this point. If a wider view is intended to be taken, we should state, from actual observation, that, as much irregular intercourse is indulged in by men when under the influence of drink, the probability is that self-disinfection for that very reason is likely to be inefficient.

3. We are, by our principles, precluded from countenancing the advocacy of any methods of self-disinfection prior to intercourse, as this implies the recognition of promiscuous intercourse as permissible or even necessary.

4. We emphatically endorse Resolution 69 of the Lambeth Conference.

Extract.—"The Conference must condemn the distribution, or use, before exposure to infection, of so-called prophylactics, since these cannot but be regarded as an invitation to vice."

As a White Cross Purity Association, we exist for the very object of instructing men that sexual purity is an indispensable condition of mental, moral and physical well-being; that as family life is the basis of society, it is their social duty also; that in the ultimate interest of national welfare, it is the duty of every true patriot; and that from the religious point of view, there can be no question for the Christian of the absolutely obligatory duty of purity, without which "no man shall see God."

1. THE PRESIDENT. I hope, Mr. Wilson, you will be able to give us the benefit of your experiences. You are a member of a number of bodies in Manchester interested in Public Health questions?—Yes.

2. And moral questions?—Yes.

Our usual custom is, after going through your précis, for members of our Committee to ask questions.

SIR ARBUTHNOT LANE. I have no questions to ask, although I do not agree with the majority of your remarks.

3. SIR ALFRED PEARCE GOULD. I have read through your précis and, unlike my friend Sir Arbuthnot, I agree with it, and for that reason I have only one question to ask. I should like

to ask Mr. Wilson, who has had many years' experience in this moral campaign, if he considers that it is a practical campaign that he has been engaged on all these years? You have been out against fornication?—Yes, I have the lowest slum parish in Manchester, and there we have 208 single furnished rooms which lend themselves to vice in a very particular way. I think that all of us who work in this sort of parish, if we did not believe that we could do much good, would have to throw up the sponge right away, but we do say, in individual cases, by the introduction of an objective power, that it is possible to get these people to live clean lives.

4. May I put another question to you? A week ago we were told that if a man or woman did not, in quite early childhood, acquire what is called a bias for purity, it was useless to attempt to influence those individuals, when they were fully grown, on moral lines, to lead clean moral lives. Is that so?—It certainly is not my experience. I think it is difficult when you get people both steeped in drink and fornication, which has dissolved their will-power a great deal. It is very difficult then, but from my experience with the soldiers in the venereal hospitals, again and again, men who were hopeless have turned over a new leaf on the strength of a power outside them, which, of course, was Jesus Christ.

5. Have you followed these men a sufficient length of time to justify you in saying that that change is what we might call lasting or permanent?—That is a most important question. Coming down in the train I went through a number of soldiers' letters which I have received, and I picked out something like twenty sentences from different letters which showed that the men were actively turning round from following vice and were turning round to what was right. I estimate that 400 to 500 men who were in the venereal hospitals through their own fault have turned round by the power of moral suasion. I have also evidence of the two Royal Army Medical Corps Colonels at the hospitals to say that the tactics followed, which were moral suasion, magic lantern views of scenes in the Bible and in *The Pilgrim's Progress*, and that sort of thing, have been a success. I have evidence from both the Colonels, and from the non-commissioned officers too, that that policy succeeded.

6. You have your own personal experience to show that that policy was a success?—Putting it rather pointedly, I do not think that there is any other scientific way out, because you have got to get at the will-power of the man or woman to resist the impulse. I do not think there is any scientific power that will do that.

7. We wanted to get it from you whether that was possible, and you say it is?—Absolutely.

Would it be right, Mr. Chairman, to ask for the evidence of the two Colonels in the R.A.M.C.?

8. THE PRESIDENT. How far can you give us a résumé, Mr. Wilson? Can you give us any extracts?—They simply praise up

my work, and allude to the great benefit, and I do not think that is exactly the evidence you want.

9. SIR ALFRED PEARCE GOULD. The point is, whether they were able to say your work had been successful?—They did say it was successful.

10. In turning men from impurity to purity?—That was not their province, but I have letters which will bear that out: "It has done me a wonderful lot of good"; "I have said a little prayer at my bedside every night"; "They have all had that book on self-control by Dr. Edge, and the men in the room are different men"; "There is one thing I like, and that is your plain speaking"; "I am sure your lantern lectures do good"; etc.

11. Do I understand that you have had experience of 4,500 men in that hospital with venereal disease who have since then lived a pure life?—No, I said four or five hundred. It is impossible to get the statistics of the change of life, but reckoning a moderate estimate, and I have been over it with one or two of the doctors, I think that at least four or five hundred men have changed over. I am coming across them every day, and one of them said to me on the tram the other day: "We took your advice to avoid women and wine, and we are here."

12. DR. AMAND ROUTH. I understand, Mr. Wilson, that you came to give evidence here to-day rather because you took up some position of opposition to the Treatment Centres of Manchester. Is that not so?—Yes.

13. What was it you objected to particularly?—The social workers in Manchester are a little divided about the thing. There are one or two very strongly against it. There are many who are against prophylactics, but they would tolerate cleansing stations. Then, again, other social workers in Manchester are against cleansing stations, the reason being that cleansing stations give a sense of security to the parties that are using them, and look at it that that sense of security will produce a greater danger for infection than it will do any good. We have had evidence of men using them again and again after connection, which really means that the Manchester people are paying their rates for cleansing fellows who are doing what is absolutely against the public interest. Another thing is that these notices, put up with the sanction of the Corporation, give a number of these people who are inclined to do wrong the idea that they have the Corporation sanction for doing it. For instance, in our purity work, when we come across couples doing what they should not, when we pull them up they say: "All right, the Corporation, or the Army, or the Government, sanction it." It is a very unsuitable thing for the people to have in their minds that promiscuous intercourse is sanctioned by the authorities. It means that it gets the public sanction. We feel that it is a very bad thing also for the men who have to look after these cleansing stations. We think it is wrong to keep public servants to clean up men who have committed fornication, and who have been sinning against man or woman. It is a base thing. Even

in the R.A.M.C. it took us all our time to keep up the moral tone of the fellows who had to attend and work at these venereal hospitals.

14. THE PRESIDENT. You mean the orderlies?—I mean the staff. It was a very debasing thing during the War. They were looked down upon by the other hospitals, although they were the very cream of the men that were working in this splendid cause.

15. DR. AMAND ROUTH. We had evidence from Dr. Niven of Manchester, and he brought up copies of his poster, which had been put up in the first instance with the permission of the Ministry of Health, and he told us that it had been withdrawn. Has another poster been substituted?—We have had a number of conferences with Dr. Niven. He brought out another poster with good moral sentences at the top, and then he went on to say: "If you don't do these things, then do so-and-so and so-and-so." Well, that gave all the young fellows an absolute indication what they were to do to escape the effects of disease, and we turned that down. Then he asked what we would like, and we have called a committee together to consider what we think would do good.

16. It is a pity you could not have brought particulars of that meeting with you?—It was only decided yesterday.

17. What you want to do is apparently to advise strongly that continence is the only way to prevent venereal infection?—Yes.

18. Then you have to deal with some people who do not want to be continent, or who go over the line for the first time. How are you going to deal with them? How are you going to save those men from getting syphilis? Are you going to wait until the disease has declared itself? You see, the disease does not show itself for some weeks, and meanwhile these people may be going with their wives, and they may be infecting their own families. That is a serious thing to face. How are you going to prevent that? Is it simply to be moral advice to the continent, and you are not going to tell them what to do, what risk they are running?—The National Council for Combating Venereal Disease are sending lecturers round the factories during the dinner-hour to have regular straight talks with the men. We work sometimes with the medical party.

19. What do you mean by the medical party?—I mean the doctors. At first only the doctors gave the addresses, and there was a good deal of difficulty, but now the moral teachers also go into factories, and having been in the venereal disease hospitals, one does know some of the medical details, and we always try to get moral lectures followed up with a doctor's address afterwards. Sometimes the doctor gets in first and the social man follows him, but we are working together to combine the two things, and it works well.

20. You give the address and the doctor comes in after and says what is to be done unless you follow up what has been said?—Perhaps that may be.

21. That is only sharing the responsibility, it does not lessen it?—Of course, really what we want, is everybody who has a scrap of good in him to be up and doing to try and save his brother by good social surroundings and bringing the truth in the right way to the poor man who has fallen again and again.

22. I want to know what you are going to advise the man who has fallen through fornication. Are you going to advise beforehand?—What we are doing is to urge the man to go immediately to the clinical hospitals.

23. Immediately after exposure to risk?—There is the exposure to risk and there is the having the disease, is there not?

24. Yes?—But we urge them to go to the hospitals if they have a disease.

25. That is perfectly clear, everybody would do that, but what are you going to do if he exposes himself to risk? Are you going to do anything?

26. THE PRESIDENT. Although there may be no immediate symptoms at the time?—I think attending clinics would save infection, whereas the other way, the use of prophylactics self-applied, is fraught with more danger and difficulty than any benefit that would be secured.

27. DR. AMAND ROUTH. Do you think that the advocacy of continence in Manchester is going to prevent syphilis spreading? As far as I can make out, that is the only advice you give to the men, to be continent, and if they have disease to go into the hospital. Don't you tell them what to do when they get the disease?—Well, we are giving a number of lectures which must bear on that subject.

28. Are you going to have anything in the poster to tell the men that if they are exposed to risk they can take certain precautions and avoid the consequences? Don't you want that in the poster at all? Is it only going to be moral advice in the posters?—We did not quite fix that in our meeting yesterday, we were slightly divided. Some of us thought that the cleansing stations should be omitted altogether, while others felt that to clean a man up quickly after exposure might be the best thing you could possibly do. The only thing is, that if you tell a man he can be cleaned up immediately after he has sinned, you give him a sense of security.

THE PRESIDENT. Would it be the wish of the Committee that, after our friend's committee have met, they send us on a report of their decision? (This was agreed to.)

29. DR. AMAND ROUTH. Do you or your committee object definitely to self-disinfection as being likely to go wrong?—Before or after?

30. How do you mean?—I mean if a man is going to prepare himself before he had fornication, we are absolutely dead against it.

31. Self-disinfection before exposure to risk is not of much value relatively, so practically we have only to consider, is the man to use disinfectants himself after exposure? You would not object to him washing himself?—No.

32. But you object to chemicals, that is the point?—If a man has to carry about things to disinfect himself in case he falls, it seems to me you are going on the wrong course in tactics, you need to side-track the temptation. But if a fellow is carrying about a package of permanganate of potash, the whole tendency of so doing is to concentrate himself on the very thing you want him to be clear of in his mind.

33. Supposing he was in a prostitute's room, and she told him there was some permanganate of potash on the mantel, and he had better use it, would you object to that?—I suppose not, if *after* intercourse.

34. It is a safeguard; having committed fornication he might use it if it was there?—Of course he would be in the thick of it. We think it is a dreadful thing for a man to carry it about.

35. THE SECRETARY. Even a piece of soap?—A man can get a piece of soap in a lavatory.

36. You would not mind him carrying a piece of soap?—Would he want to?

37. THE PRESIDENT. Would that difficulty arise in the case of a cleansing station to which you feel at liberty to advise a man to go, without carrying anything about, as you express it, for himself? You are up against any establishment or centre where the man can be disinfected?—Well, we do not feel there is any good in cleansing stations unless you are going to have them at every corner. The whole thing is a question of time, and a man who is doing what he should not at Crumpsall, would be losing a lot of time if he went down as far as the Cathedral, where we have one of the cleansing stations in Manchester.

38. SIR HUMPHRY DAVY ROLLESTON. Do you think there is any difference in prophylaxis and the establishment of cleansing stations, which I believe is advocated for by the Society for which you say you lecture? Is there any difference between the two?—Well, so far as they suggest that a man can sin with impunity, I do not think there is.

39. If you told a man whom you thought to be chaste, "If by accident you fall, there is a means by which you may escape the penalty," is that not giving him a certain amount of security?—Yes, I think it is.

40. You are taking up the position of opposing both of them?—Well, I do myself oppose both of them, but I want to represent to the Committee the general atmosphere at present in Manchester.

THE PRESIDENT. We appreciate that.

41. SIR HUMPHRY DAVY ROLLESTON. Then there is another point. Do you think moral suasion has really met the problem in Manchester in diminishing venereal disease since the War?—Of course my moral suasion, most of it, was when I had ten thousand men. I was conducting lectures day after day with lantern slides and different things. If all the churches would take the matter up properly you would have no venereal disease, but the parsons are dead funky of taking the thing up, and there are only a few of us crying in the wilderness. If we could get two or three more,

we would begin to find a marked diminution. I think it was found that moral suasion abroad accomplished so much in some districts that the War Office put on four special moral Chaplains to go round to every single unit in the United Kingdom, as they thought it would be a great help for the men. If you enlarge the area of promiscuous intercourse and reduce men's will-power, you will increase venereal disease in other directions. In regard to cleansing stations, supposing the person goes out and meets some one and falls, then the cleansing station would, if he were near it, cleanse his body straight away, just as we endeavour to teach a man to confess and clean up his soul. It is a very difficult question, because you have the regular habitués to consider and also you have the fellows who may fall unexpectedly.

42. SIR FREDERICK MOTT. You are a lecturer for the National Council?—Yes.

43. Have you seen this little pamphlet which they issue?—No.

44. It is as well for you to see it: "Venereal diseases are ruining the health of the nation; they may, and even do, involve insanity, blindness, miscarriage, paralysis, premature death. It has been estimated that there are eight hundred thousand fresh cases of venereal diseases every year in Great Britain. There is a great danger that they will spread enormously upon demobilisation." In a matter of this kind it is the innocent women and children who suffer. We have it in evidence before us to show that this is in no way diminishing, but is rather on the increase. I want to ask whether you think that moral suasion will relieve the nation of this terrible danger?—Well, I think——

45. You see, it is not the individual we are considering, but it is the innocent women and children who are infected by the men?—If you make more people feel free to sin, you will have the liability of more women and children being infected.

46. Then do you not like the idea of being treated afterwards when they have contracted the disease?—Of course, when I was in the hospital helping all I could——

47. You are condoning sins in a more efficient manner. If you are going to treat them, I do not see the difference from a moral point of view, except that it is very inefficient because you cannot preach it. I want to bring some evidence before you. Perhaps you have read Sir Archdall Reid's book?—No.

48. Well, he has shown more conclusively that self-disinfection in the Portsmouth Garrison was most efficient, and Surgeon-Commander Boyden says that only one case in every nine hundred contracted the disease, and that was caused in the delay in applying the antiseptic?—Is that so?

49. Don't you think there is something in it from a medical point of view to try and stop the disease?—I should not be taking the interest in the subject I am taking, if I was not simply horrified with what was happening to the women and children.

50. You see, moral suasion has failed?—It has not failed.

51. Yes, because there it is, on the increase?—I deny that. I do not think you have the right to say that moral suasion

has failed, when all medical instructions given to the Army failed.

52. I do not object to the moral teaching, but it has been the experience of ages that moral teaching will not prevent this disease?—My dear sir, can you snuff the instinct out?

53. No, I cannot, that is what I cannot do?—I do not think that it is for you to pronounce that we have failed. I think that if there is any failure, we possibly have all failed.

54. I do not say that you have failed, but you fail to prevent this spread of the disease by moral teaching?—Well, after every war there is a spread of this venereal disease.

55. And for that very reason we doctors are here to try and prevent it?—I know, but we do not throw it back to you and say: "This is a failure"; we are very proud of you.

56. I think you misunderstood me in saying that moral teaching is a failure. It has failed to stamp out the disease, and therefore we want to supplement it by medical means?—I think the medical people have had the best innings. You started with the Contagious Diseases Act, and you have had a very long run for your money.

57. Well, have you done it?—No, we have not. I hope the Commission will acquit me of any intentional discourtesy in the straight answers I have just given.

Letters referred to by Rev. J. Wilson.

13 Anson Road,
Victoria Park,
Manchester.

January 5, 1920.

It gives me very great pleasure to attempt to express my appreciation of my old friend, the Rev. J. J. Wilson, whom I have known since, as curate of St. Chrysostom's, I was one of his parishioners.

Our most intimate association was during his tenure of office as Honorary Chaplain to the ——— Special Military Hospital, which was under my charge.

A hospital of that class, the patients of which are not allowed out, presents many difficulties to all concerned with its management, and especially to the chaplain.

Mr. Wilson's services to the hospital were of the greatest value, and incidentally to the Church.

His earnest Christianity and robust temperament, combined with great tact and a wholesome outlook on life, almost at once established an influence for good throughout the whole hospital.

Of his help in all manner of difficulties and in the intimate affairs of individual patients, I cannot speak too highly. Etc.

(Signed) ALEX WILSON, Lieut-Col., R.A.M.C. (T.F.).

Late O.C. 2nd Western General Hospital.

Military Hospital,
Manchester.

February 4, 1920.

DEAR PADRE,

Your farewell letter just received.

I write to thank you from the bottom of my heart for all you have done for the welfare of the staff and the patients in this hospital since I took over the command.

As you know, I have sent men and women to you in their trouble, and your sound advice has always been a source of comfort to them in their distress.

I shall miss you in this respect almost more than in any other way. Etc.

Believe me to be,

Yours very sincerely,

C. S. SMITH,

Lieut-Col., R.A.M.C. (Officer Commanding).

10 Adelaide Road,
Seaforth,
Liverpool.

December 20, 1920.

REV. AND DEAR SIR,

Just a line from one who has kindly memories of the Padre, and especially at this season of the year. . . . I cannot forget the previous two years, spent in ——— (as Quarter-master-Sergeant over the N.C.O.'s, etc.), and all its sordid details. I shall always place alongside one picture, another of the Pastor going about amongst the moral lepers intent on his Master's business, otherwise I should strive to forget those years of my military history. Etc.

E. J. FORSTER ("Quarter").

NINTH DAY

Friday, December 17, 1920

REV. PRINCIPAL A. E. GARVIE, D.D., in the chair

STATEMENT OF COLONEL L. W. HARRISON, D.S.O.,
F. J. H. COUTTS, ESQ., M.D., AND A. B. MACLACHLAN,
ESQ., representing the Ministry of Health.

THE CHAIRMAN. I am sure we appreciate very much the kindness of the Ministry of Health in sending us three representatives so competent as those who appear before us to-day, and, in accordance with the procedure, I will ask Mr. MacLachlan to make his statement first.

1. DR. AMAND ROUTH. What position do they hold in the

Ministry? Do they come as medical witnesses?—MR. MACLACHLAN. Dr. Coutts is Senior Medical Officer at the Ministry of Health, responsible for venereal disease. Colonel Harrison is a well-known specialist specially attached to the staff of the Ministry for advising on questions regarding these diseases. I am the Assistant Secretary in charge of the Administrative Section of the Ministry dealing with venereal disease. I may give you a very brief statement of what is the present policy of the Ministry of Health in regard to this question of self-disinfection. The policy is based on the Report of the Inter-Departmental Committee on Infectious Diseases in connection with demobilisation. It was appointed by the Minister of Health early in 1919. That Committee was intended to deal with various questions relating to the possible spread of infectious disease in this country consequent on demobilisation, and one of the first questions they dealt with was the question of prophylaxis against venereal disease. I do not think I need go into any detail. The names of the members of the Committee do not appear in the Report issued, but they were given in the House of Lords in December 1919.

2. SIR ARBUTHNOT LANE. I think we should like to know who they were?—They were: Viscount Astor, Chairman; Major W. C. Smales, War Office; Col. L. W. Harrison, War Office; Surg.-Capt. D. J. McNabb, Admiralty; Lt.-Col. Horne, Air Force; Dr. Buchanan and Dr. Coutts, Ministry of Health; Col. Webb, Ministry of Pensions; Mr. Smith Whittaker, National Health Insurance Committee, and Sir Leslie Mackenzie, Local Government Board for Scotland. It will be noted that, with the exception of the Chairman, the Committee consisted entirely of medical men representing the War Office, Admiralty, Air Force, Ministry of Health, Ministry of Pensions, National Health Insurance Commission (which is now part of the Ministry of Health), and the Local Government Board for Scotland—now the Scottish Board of Health. That Committee was appointed to advise on various questions in connection with infectious diseases, and the only part of their work which affects the questions before this Committee is reported upon in the Note signed by Viscount Astor in August 1919, and addressed to the Minister of Health, on Prophylaxis against Venereal Disease. I think, if it is necessary, the best thing would be to read the conclusions which the Committee arrived at:—

“Conclusions based on Service Experience.”

“In regard to the general experience of prophylactics distributed *before exposure* to infection, as prevailing in the various services, the Committee have come to the following conclusions:—

“(1) That certain drugs, if properly applied, are efficacious in preventing venereal disease.

“(2) That if these drugs are not properly or skilfully applied their efficacy cannot be relied upon.

“(3) That the issue of prophylactic ‘packets’ tends to give rise to a false sense of security, and thus to encourage the taking of risks which would not be otherwise incurred, and the neglect of facilities for early treatment when available; and, in certain circumstances, might even increase the spread of disease.

“(4) That in spite of the most careful instruction, the grant or issue of ‘packets’ results in many an individual using them for self-treatment after he finds himself infected. They are not intended for this purpose, and are ineffective when so used. Drugs which are accredited with the power of preventing diseases are very frequently accepted by the public as useful in their treatment. Their use for the treatment of developed disease may be definitely harmful, since they delay diagnosis and the application of proper treatment at a time when promptitude is of the very first importance to its success.”

(There is a footnote to (4) which reads :—

“This and other points would suggest, too, that the general sale of such medicaments by chemists and unqualified persons might tend to nullify the beneficial results of the Venereal Disease Act, 1917, as regards the prohibition of treatment, and advertisement of treatment, by unqualified persons.”)

“(5) That, where preventive treatment is provided by a skilled attendant after exposure to infection, the results are better than when the same measures are taken by the individual affected, even after the most careful instruction.

“(6) That the excessive consumption of alcoholic liquors not only diminishes the sense of responsibility, but also tends to prevent the proper use of prophylactics and to delay the individual’s application for skilled treatment.

“(7) That the most carefully organised packet system, such as exists now in the Army (a system which would be unattainable in the civil community), has not produced such a general reduction in the incidence of venereal disease as to counteract the disadvantages mentioned in these conclusions.

“(8) That the organisation of recreation and social amenities has assisted in the reduction of the incidence of venereal diseases in the Services before the War, and has also assisted in preventing that increase in the incidence of these diseases which, from past experience, might have been anticipated during the War.

“(9) That energy should not be dissipated on measures of doubtful value, but concentrated rather on wise propaganda and the provision of early, prompt and skilled treatment, in order to diminish the prevalence of these diseases. It should be recognised that failure to cure these diseases is one of the main causes of their prevalence, and that failure to cure,

in the most skilled hands, results largely from failure to treat them in their early stages.

"I have also been asked, on behalf of all the representatives of the different Departments who assisted at various times in our deliberations on this subject, to record their unanimous view that the true safeguard against these diseases is individual continence and a high standard of moral life. This implies a sound public opinion and a healthy national tone. The Committee set out to examine the evidence placed before them from the scientific and the medical point of view, and it is strictly in this spirit that they desire to record it as their opinion that the irreplaceable effect of the moral factor has been too frequently neglected or forgotten.

"General Conclusion.

"In view of these findings, the Committee are not satisfied that there has been sufficient evidence put before them of the beneficial results gained by the distribution of prophylactic packets in various Forces to prove the value of the system, or to justify them in recommending its official encouragement among the civil population. Unquestionably there have been many individual cases which appear to afford positive evidence in favour of a system of distribution of such prophylactics before exposure to infection; but the volume of such evidence is too small and too exceptional, and the instances of its failure, even under favourable circumstances, are too numerous, to allow of any other conclusion than that, in view of the considerations mentioned above, and of the administrative and social difficulties involved, the official application of a packet system to the civil community is neither desirable nor practicable."

That Note was issued in August 1919, and that really is the basis of the present policy of the Ministry of Health in regard to this question. The question was discussed in the House of Lords on December 10 last year, and Lord Sandhurst, who was replying for the Ministry of Health on this question, based his reply on the conclusions in that Report. A return which was promised by Lord Sandhurst in the course of that debate was issued in February 1920, in the form of a White Paper. I am not really competent to explain the figures and statistics given in that White Paper. I should like to suggest that any questions upon it should be addressed to Colonel Harrison. That is practically all I have to say, except to refer to the recent Annual Report of the Chief Medical Officer of the Ministry of Health, which sums up the present policy of the Ministry of Health in this regard:—

"Our present medical policy in regard to preventive measures is both simple and definite. First, the Ministry are in favour of the education of the public, both as to the incidence and danger of venereal diseases and the extreme importance of not contracting these diseases. It is clear that the only sure way of avoiding such diseases is to avoid all risk of infection. It is

equally clear that sexual promiscuity increases these risks, and, on that and other grounds, is to be condemned. It is an accepted scientific proposition that the social and moral standards of a people, its national character, bear relation to its health, and such national standards and customs, and not the medical issue only, are the decisive factors in any practical solution.

"Secondly, the Ministry believe that thorough cleansing or skilful disinfection of the body immediately after risk of infection tends substantially to reduce the likelihood of disease, but the Ministry are not prepared to recommend a general practice of self-disinfection apart from skilled advice and supervision. It is believed that, except under skilled control, attempts at self-disinfection are likely to be ineffective, to create a false sense of security and to lead to postponement of treatment. It is impracticable to train the general public in effective self-disinfection by means of leaflets of instruction. What is required in all such cases is not general directions for self-manipulation, but prompt and skilled treatment.

"Thirdly, the Ministry believe that, in addition to a general recommendation for immediate and thorough cleansing if the risk of infection has been incurred, the proper course is to provide facilities for skilled disinfection and irrigation. Facilities are now being provided for disinfection, irrigation and other intermediate treatment at the various kinds of Treatment Centres approved by the Ministry and elsewhere under medical supervision. It is an extension of such means, rather than the issue of leaflets only, which seems to be the practical preventive need of the future."

COLONEL HARRISON (*continuing*). I should like, sir, to give a short narrative of the events which led up to my present opinion on the question of self-disinfection. In April 1916 I came home from France, and, in addition to other duties, I became, about July 1916, Adviser in Venereal Disease to the War Office. That gave me supervision of 8000 beds in about fifteen hospitals. About March 16 the War Office had introduced a system of what was called "early treatment" in special ablution-rooms attached to all barracks; that is to say, there was an irrigator and a pot of calomel ointment placed in a small ablution-chamber attached usually to the urinal, and directions for use were posted in that chamber. The object of the early treatment chambers was to prevent infection of those who had been exposed to risk of such, by affording them an opportunity to disinfect themselves. That was in existence—it had been brought into force just before I came back; my only connection with it was to try to elaborate the system so as to make it as simple and effective as possible. During that year I noticed a certain number of cases coming for treatment at Venereal Disease Hospitals, and it was mentioned to me by various Medical Officers in military hospitals up and down the country that several instances had come to their notice where patients who had contracted venereal disease had used

these irrigators for the treatment of gonorrhœa. Another disadvantage was that very often the apparatus was neglected, and, altogether, I became dissatisfied with the system. Early in 1917 I thought that it would probably be better if the man could carry the disinfectant about with him. In order to simplify the existing packet, which, you probably know, contained a tube of an organic silver preparation and a tube of calomel cream, I was experimenting with calomel cream of various consistencies to see whether they would be as effective against the gonococcus as they are supposed to be against the syphilis germ. As the result of a number of experiments which I carried out by injecting calomel cream into the urethra of patients suffering from gonorrhœa, and trying to grow the gonococcus afterwards, I came to the conclusion, rightly or wrongly, that the calomel cream in almost fluid consistency was effective against the gonococcus. So I suggested, verbally, that we should have a very simple outfit, consisting of a tube containing calomel cream in two consistencies, semi-fluid at the nozzle end and stiffer at the other end. To make the outfit still more simple, the nozzle was plugged with something which could be perforated with a pin, so that it could be applied by the least intelligent soldier. Very soon after that, a prominent firm of chemists submitted to me a calomel cream tube embodying these ideas. I do not know quite how they got the idea, but I considered the time was ripe to push the idea further. I tried hard to get the War Office to introduce the packet system into the Army. I sent in a letter in June 1917 to that effect and submitted this calomel tube. Meantime, of course, the ablution-chamber system was being carried on, and I was receiving information as to the use which was being made by soldiers suffering from gonorrhœa of the "early treatment" irrigators for self-treatment. Then, in about February 1918, I was authorised to make an experiment at the Chelsea Barracks to see whether this calomel tube could replace the early treatment ablution-chambers in barracks. There were difficulties about placing the irrigation-chamber inside or adjoining the Medical Inspection Rooms, as I wished, because of labour shortage, and so I was allowed to make the experiment at the Chelsea Barracks, to see whether the venereal disease rate went up after the irrigation-chamber had been removed and replaced by the calomel tube only. As the result of that, we found that the rate did not alter. In March 1918 I was sent for by the Director-General, who announced to me that he intended to introduce portable disinfection into the Army. I said, definitely, that I thought he would practically empty his Venereal Disease Hospitals. I was very pleased indeed, as I thought it would effect an enormous reduction in the incidence of venereal disease, but I said that, in order to make it effective, every effort should be made to make Medical Officers who were in charge of troops thoroughly interested in it, as, if Medical Officers did not back it by individual effort, then the whole thing would be a failure. I advised that this fact should be impressed very strongly on all Deputy-Directors of Medical

Service. I may mention that, possibly as a result of that advice, General Officers Commanding were held by the Army Council responsible for their venereal disease rates and for backing up the new system. In addition to that—

3. DR. AMAND ROUTH. What was that portable disinfection?—The calomel tube, the soldier himself would carry it. In addition to that, in order to secure the individual support of Medical Officers in charge of units, which I thought so essential, we had Inspectors appointed to tour every district to see that the orders relating to the new system were being carried out. The Inspectors were mostly officers with some experience of venereal disease, and themselves thoroughly interested in making the thing a success. Then we required various returns in order to keep the subject before Medical Officers, and a specimen lecture, which was based on one written by Sir Archdall Reid. Then, by order of the War Office, I issued myself, to Deputy-Directors of Medical Services, a long list of suggestions, showing how the system could be carried out, and again impressing the great importance of Medical Officers pushing this thing. In this circular I again urged the necessity of seeing that the tubes were not used for self-treatment. The circular letter authorising the whole business went out in May 1918, and in June 1918 I had evidence that the Commands were beginning to move in the matter. The Southern Command, for instance, issued definite instructions, of which I have a copy. The new system was not introduced without a certain amount of protest. I have in my file a copy of a protest by a Brigadier-General who showed himself very adverse to the whole thing. Those protests, however, were not many. I had returns sent to me which were compiled by Inspectors and also by venereal disease hospitals, so that I was able to keep a close watch over the whole business. At first, of course, I did not expect to see any great improvement in the venereal rate: it takes time in a large community to get things moving and to see any effect from a general measure. Then I found from the Inspectors' reports that many Medical Officers were not taking a very great interest in it, and letters were sent out urging again that more interest must be taken by Commanding Officers and so on. Still the rate did not go down, and it was bitterly disappointing to me, because I had hoped for a good deal from self-disinfection, and up to the time that I left the work at the end of 1919 the rate had not been reduced at all. I thought that by about the middle of 1919 it should, at any rate, have diminished somewhat. I noticed that, where the Medical Officer pushed the system energetically, where he followed out the instructions to talk to small groups of men rather than to give formal lectures to large bodies of men, where he almost individually instructed the men—in fact, there a reduction was effected—not very great, but still some reduction. But in other places, where it was generally carried out by relying on a poster and the general instructions, there was no reduction whatever. So, when I was asked, in the middle of 1919, for my opinion with regard to the application of a system

of prevention by self-disinfection to the civil community, I stated that the factors for the success of such a system, the application of individual instruction to the whole community, did not exist. I still think that the prevention of venereal disease by what we may call the packet system will prove successful under the conditions in which the Army lives, where personal instruction and repeated instruction is possible, but those are conditions which do not obtain in a civil community. Some people say, "But if the rate were reduced by one per thousand, surely it would be worth while?" In regard to that question, I do not think so, because you have a certain price to pay for introducing such a system as this. For instance, I certainly myself think that the introduction of such a system would lead to an increase of exposure to venereal infection. How much that increase would be, I cannot say absolutely. I grant that this is a matter of opinion, but I think it is a matter of common sense, that the offering of safeguards would lead to an increase of exposure. In this case the protection afforded in individual instances might easily fail to compensate for the increased number of infections resulting from the increased number of risks taken with failure of protection. Another price which has to be paid is that it would certainly lead to some amount of self-treatment, that is to say, a certain number of people who had something to lose by the fact that it was known that they had venereal disease would give way to the temptation to treat themselves with these disinfectants. People have said to me, "That is a bogey." Well, I am perfectly convinced that it is not a bogey, because I have seen crowds of instances in the Army where men, instead of reporting sick at once, as they were over and over again exhorted to do, have, for one reason or another, used these prophylactic packets for self-treatment. Men would come in smothered with syphilis or suffering from some complication of gonorrhœa—it was more particularly in syphilis than in gonorrhœa that it happened. One said to such men, "Why did you not report before?" In a large number of those cases the men said they were working in an office, or could not be very well spared, or did not want it to be known. In fact, for one reason or another, they did not want to go to a hospital for venereal disease, and thought the calomel tube which was put out for prevention would surely cure. The worst case of this kind was one of complete paraplegia. When he came in he was hopelessly paralysed, and, in spite of all the treatment we gave him, he left hospital in the same condition. Of course, self-treatment, even if it is only applied for a short time, is bad for the eventual treatment; there is no question about that, and our policy is to try and get men to come at the earliest possible moment. If a man came with gonorrhœa the first day, I am confident that, in the vast majority of cases, we could clear up the disease within a very few days, without the man remaining a gonococcus carrier. Of course everybody knows very well that men suffering from syphilis should come up at the earliest possible moment, because it is not many days before the disease invades the nervous system, and

self-treatment, even for a few days, such as may easily result from the introduction of a system of self-disinfection, is a disadvantage to be reckoned of no mean importance. My own opinion is this, that the packet system—a system, that is, where disinfectants are carried by the men, such as is practised in the Army—will eventually reduce venereal disease in the Army. I believe that it will do so because in the Army individual instruction can be given. The men are under control and under discipline, you can get them at any hour of the day or night, and you can be continually impressing upon them the importance of its application, with the details which are necessary to success. It is only because of this that I believe now that this system will reduce venereal disease in the Army. It has not so far reduced venereal disease greatly in the Army, but I think it will eventually, when officers in charge of troops become keener. I do not see how that can possibly apply to the civil community, because, although you may have individual instruction in consulting-rooms, that applies to a very small section and is not in question here. My point is, that to be effective, instruction must be something more personal than by leaflets and posters.

DR. COURTS. I may say, perhaps, that the opinion which Colonel Harrison had come to with regard to the comparative failure of the use of self-disinfection in the Army, was naturally a very strong argument against the adoption of any similar system for the civil community. If it was not a success in a small community under strict medical control and supervision, it must necessarily be more of a failure in the civil community. The point as regards self-treatment is one which has impressed me very much. In the civil community, especially, there would be strong inducements for men to conceal venereal disease and to attempt to doctor themselves. If in the Army, where a man is liable to be punished for concealing venereal disease, some of them use disinfectants for self-treatment, how much more, in the civil community, would you get men using these materials, which are recommended for self-disinfection, for the treatment of disease, because there would be more incentive to conceal the disease. That would apply to larger numbers than is the case in the Army, and you would have the deplorable result of men failing to go to the Treatment Centres for the treatment of syphilis and gonorrhoea in the early stages, when the treatment is more likely to be successful.

4. SIR FREDERICK MOTT. By the word "treatment" do you mean the Ablution Centre or treatment after disease? It is rather important, because the Borough Councils have already turned down the Ablution Centre?—DR. COURTS. I was speaking of curative treatment; they would treat themselves with the same drug as they are recommended to use for self-disinfection. There are various other points which appeal to me in my position, because if the policy of the Ministry came to be to recommend the practice of self-disinfection and to spread knowledge as to methods of self-disinfection in the civil community, I should have to consider how this should be carried out, and when one comes to look

at it from a practical point of view, one sees enormous difficulties with regard to the general population. It would be easy to put up posters or to issue leaflets giving more or less precise instructions showing how to use certain disinfectants. A certain number of people might take those leaflets and read them properly, and might use the disinfectant properly, but it does not seem to me that the mere issue of leaflets is going to deal with a large proportion of exposures to infection. One knows how brilliant advertisers can advertise for weeks and months, and send leaflets to every household, and yet how little attention is paid to them. It does seem to me improbable that any leaflet would result in a large proportion of those exposed to risk carrying out the instructions. Assuming that it were possible, and that the matter were pushed so energetically that every boy got a leaflet, and that every boy understood what the leaflet meant, and was able to carry out the precise instructions so as to make self-disinfection effective, what is the next step? That boy, if he is going to use it, must of necessity carry the material with him. Then you come to this point. You are encouraging every boy, whether he has any intention or not of having irregular intercourse, to make a practice of carrying these materials for self-disinfection. There you are up against the opinion of the moralist, who says, "If you do anything of that kind you are encouraging exposure to risk." I think it is common sense, that if you do anything which encourages every youth and boy in the country to carry these materials in his pocket, it is likely to lead to a greater number of exposures to infection. We must go further. If we reached the stage where public opinion thought it was necessary that it should be made easy for every boy or youth to carry in his pocket materials for self-disinfection, even then, although made easy, a large number of people would not, in fact, purchase the materials and carry them with them. Therefore, you would not get entire success with this self-disinfection, because some would fail to carry the materials with them. They could not go to a chemist's shop after midnight and get the materials. The next step would undoubtedly be a demand that the materials should be provided by the Government—that is, the universal adoption of the packet system for the civil community as a policy officially sanctioned by the Government.

5. THE CHAIRMAN. The decided opinion of the Minister of Health, then, is this: that instead of men being encouraged to practise self-disinfection, they should be encouraged to have preventive treatment in some centre?—DR. COUTTS. We have already accepted and approved certain arrangements in Manchester and elsewhere for early preventive treatment.

6. SIR FREDERICK MOTT. Where?—MR. MACLACHLAN. Very few places have been definitely approved, but we have information from various places—Manchester, Bournemouth, Bootle and Portsmouth. It is only right to say that in some cases where the system is supposed to be in existence it would not be available at all hours of the day and night, as it is in Manchester; but the Ministry are quite prepared to encourage a repetition of the

Manchester experiment elsewhere, and have facilities available for people attending for early treatment at all hours of the day and night.

7. THE CHAIRMAN. In view of what has been said, can it be urged that it is a social obligation on everybody who has incurred the risk of infection to put themselves right as soon as possible by efficient medical treatment?—DR. COUTTS. We are quite prepared to endorse that.

8. This question of self-treatment is a very dangerous thing?—COLONEL HARRISON. Of disease which has commenced?

9. Yes?—Yes, I personally think so.

10. SIR ARBUTHNOT LANE. What are you going to suggest if you do not use the immediate treatment by the packet? The class of person who is going to go to these centres varies. What are you going to suggest as an alternative for the educated person who is quite prepared to use the packet?—The educated person quite possibly might use the packet; his doctor would explain.

11. As to the treatment, you have seen this report from America, that if the patient was treated or cleansed himself within one hour of exposure there were only eight failures in ten thousand cases; if within two hours fifty-five failures in ten thousand cases; after three hours, seventy-five failures in ten thousand cases, less than one per cent.?—He says, "Has treated or cleansed himself," but they mix up skilled disinfection and self-disinfection.

12. You will allow that this is skilled?—Yes.

13. You will admit that it is marvellous eight failures in ten thousand after one hour?—Yes, it is marvellous.

14. It becomes a question of education?—As regards self-disinfection.

15. And as regards the person himself?—I cannot agree to the practical application of that. The Americans were so disappointed with the packet system that they practically dropped it.

16. Now they are using the same calomel cream?—They use it for men going on leave for over twenty-four hours.

17. They are distributing them now in America to the civil community, precisely the same tubes as you described, the front being of a soft material and the back part a thick cream, and that is sold at a quarter to the civil community?—Individual States may be doing it, just as individual towns are doing it here now.

18. These figures speak, do they not?—They are based on skilled disinfection. Nobody denies the value of skilled disinfection.

19. You cannot get anything like that?—Not so far. With regard to the treatment we adopted in the Army, I may say that a prominent officer of the genito-urinary section of the American Army said to me, "We fear that your system will fail because it is voluntary. We have had to apply compulsion." They have compulsion by penalties; that is to say, if a man did not report for prophylaxis, he was court-martialled and fined; if he

got venereal disease, he was fined more heavily, and he had to go to fight too, so that the penalties were pretty heavy.

20. Our people escaped when they got the disease?—So that there was less concealment. It was often said that our troops concealed their disease. It is rather a tribute to our men to say so, as our men paid only the ordinary hospital stoppage of sevenpence a day whilst in hospital, and for that they certainly escaped shot and shell. Of course there must have been some concealment, but I do not think it was so great as in those forces which imposed heavy penalties, no matter what their checks on concealment may have been.

21. What alternative are you going to offer?

THE SECRETARY. I have received this from the American Forces in Germany, dated November 29, 1920 :—

“ DEAR SIR,

“ Replying to your request for information relating to the methods of prophylaxis and the incidence of venereal disease in connection with the American Army of Occupation in Germany, the following is submitted :—

“ The method of prophylaxis and instructions for the operations of prophylactic stations are shown in detail upon the accompanying placards, which have been prepared for display in prophylactic stations.

“ The incidence of venereal diseases (annual admission rate per thousand for new cases of venereal disease) for the American Forces in Germany has been as follows :—

| 1920 | 1920 |
|-----------------------|----------------------|
| January . . . 102·20 | June . . . 144·04 |
| February . . . 132·48 | July . . . 117·84 |
| March . . . 153·52 | August . . . 157·69 |
| April . . . 175·30 | September . . 134·60 |
| May . . . 186·09 | October . . . 116·77 |

“ As shown by the chart, ‘ Value of Early Prophylaxis,’* which accompanies this communication, the degree of protection conferred is very high, provided the measures are taken early and correctly.

“ Each separate organisation is required to maintain a prophylactic station. In the larger towns additional prophylactic stations are centrally located and all are conspicuously marked. The equipment and methods at these stations have been standardised.

“ In addition to the method of prophylaxis, the following methods are employed to diminish the incidence of these diseases :—

“ All troops are addressed twice a month by Medical and Line Officers on the dangers and prevention of venereal disease.

* See Appendix II.

"A specially qualified Medical Officer presents illustrated lectures from time to time.

"A special sex morality course was recently completed for all enlisted men and all officers below field rank.

"Moving pictures upon this subject are shown at frequent intervals.

"Members of the military forces who contract venereal disease are treated in hospital and absolutely segregated until cured. During the period of hospital treatment they receive no pay.

"Those who contract the disease, and who have failed to take the required prophylaxis, are tried by court-martial for such failure.

"Vagrant women are brought before a special vagrancy court. If convicted of vagrancy or immorality, they are subjected to physical examination. If found venereally diseased, they are quarantined in a Lock Hospital until the period of infectivity is passed, and are then expelled from the American Area.

"(Signed) S. G. TALBOT, Adjt.-General."

Those are the methods in the American Army on the Rhine.

22. SIR ALFRED PEARCE GOULD. Have you any evidence in connection with women in the Ministry of Health?—DR. COURTTS. No evidence.

23. Have you taken any steps about that at all?—As to self-disinfection?

24. Yes?—No.

25. Your evidence is limited to the incidence of the disease in men?—Yes, the Early Treatment Centres treat only men.

26. You have not gone into the question of preventing the spread among women?—One has naturally considered the question, and one of the greatest difficulties there is, that in the case of women it is more difficult to apply any disinfectant materials; the chances of failure are much greater; any chemicals employed can also be used as contraceptives, and that has deterred many people recommending or going much into the question of early disinfection of women. We have no statistics.

27. Have you any facts? This is important in the civil population. Supposing a healthy young woman marries an infected man, she is absolutely unprotected to-day, is not that so?—Absolutely, yes.

28. No means of advice, no means of protection ever suggested to her?—Do you mean officially?

29. Do you know of anything being done?—There are leaflets being widely circulated which warn regarding the danger of venereal disease, and that to some extent must help people to recognise that there are such things as venereal diseases, and that women should be careful of the character of the men they marry.

30. Is that drawn attention to?—MR. MACLACHLAN. In the leaflets issued by the National Council that is done.

31. What advice is given?—DR. COUTTS. I think the advice to be careful of the character of the men they marry is given. Of course, you are aware of the Criminal Law (Amendment) Bill in the House?

32. That is not an Act, is it?—No.

33. You say that the system is not applicable to the civil population, apart from the difficulty of having the instruction in sufficient frequency, and sufficient pressure brought on the whole population, and partly because you would not have a general public feeling to support such a thing. I mean the success must depend on a widespread public feeling?—Undoubtedly, but it is not only the feeling of the general public, but, to my mind, there is to be considered the apathy of the people you want to protect. One knows well that many boys and youths, especially in the poorer districts of large towns, look upon these diseases as of slight importance, especially gonorrhœa, and even if they were taught, they would fail to take the trouble to take the materials with them, and would neglect to disinfect themselves.

34. If you introduced such treatment to the civil population you would excite the opposing public feeling?—Opposing what?

35. Opposing this instruction being given to boys. I take it you would have to give it to boys and girls?—I feel sure we should have strong opposition from certain quarters.

36. THE SECRETARY. You have had opposition?—Yes, we have had many letters from various bodies protesting strongly against any official countenance of the recommendations made for self-disinfection.

37. DR. CHARLES BOND. As regards the magnitude of the self-treatment by soldiers. Was it at any stage of the War of sufficient magnitude to give you anxiety?—COLONEL HARRISON. No, it was very difficult to get facts on that point. The cases were sent to hospital. The delay in seeking advice and failing to report was fairly common, but they were buried amongst others.

38. It would not come to the surface unless you made inquiries?—No.

39. Of course. What is your opinion as to whether the inauguration of the packet system led to an increase of promiscuous sexual intercourse amongst soldiers?—I am afraid I have no figures. It is very difficult to say. I know of individual instances of men who did expose themselves because they had something in their pockets which might protect them.

40. We would like to know that. At the present time we cannot tell?—I do not think so.

41. Is there any evidence in the Army about the proportion between the proportion of soldiers who expose themselves to risk and the percentage of those who contract the disease?—Yes, I did try to get some statistics on that point. I went about it in this way. In four hospitals I had the patients then in hospital questioned as to the number of times during their lives they had exposed themselves to infection, and also the number of attacks of venereal disease they had suffered. I got these figures, excluded

those cases where men said they had exposed themselves several thousand times, and I came to the conclusion that it worked out at about three per cent.; that is to say, that for every hundred exposures without precautions you get three cases of disease. I was interested to see that Colonel Ashburn, in the American Army, who had a paper in the *Journal of the American Medical Association*, had also interested himself in this question, and his inquiries amongst soldiers not in hospital, which was a fairer method than mine, resulted in the same conclusion—three per cent.

42. It is therefore within the bounds of practicability?—Yes, mine was not quite a fair method. I should have inquired amongst my general population. My method would tend to make the risk appear higher, since my population included none who had escaped venereal infection.

43. With regard to extra-genital diseases in the Army, lip, tongue and so on—is there any striking evidence? We have had evidence before us which goes to say that there has been an increase of extra-genital chancres, ophthalmia neonatorum and lip chancres. Is that borne out in the Army experience?—I was rather surprised by the comparatively small incidence of extra-genital chancres in the Army, considering the numbers we were treating.

44. It was not a big problem?—It was not a big percentage.

45. Putting aside the other question, is it right to say that there would be a danger in spreading a knowledge of self-disinfection, and the provision of facilities, in its effect upon immorality? Would you be wishful that advance should go on in either of these directions?—I would like the spread of knowledge of self-disinfection, provided it was spread in such a way that self-disinfection would be carried out thoroughly, but I do not believe that the general dissemination of literature and posters will teach the man in the street to disinfect properly. It requires individual instruction, and without that the results would be so poor that the disadvantages of such a system must be considered very seriously.

46. About facilities for getting permanganate of potash or calomel from chemists?—If chemists are allowed to sell them for the purpose, you simply tear a hole in the Venereal Disease Act.

47. That need not be a misfortune if it led to good things?—The chemist would go on treating the disease.

48. You think so?—It is absolutely certain.

49. Why not limit him to providing it?—He would have a ready-made defence at once. MR. MACLACHLAN. It is extremely difficult, as things are, to get any conviction under Section I of the Venereal Disease Act, which prohibits treatment by unqualified persons. If you allow chemists to sell materials for self-disinfection, it would be almost impossible to get a conviction in the case of a man who is selling for treatment.

50. The technical details would be difficult?—DR. COURTTS. I do not suggest that it would legally cover a man, but he could say, "I was only giving him something for prevention."

51. SIR FREDERICK MOTT. Supposing the chemist sold under

the ægis of the Medical Officer of Health, with instructions issued by him. It would enable a maximum charge to be fixed, and it would be sold under the authority of the Medical Officer of Health only. That would not interfere?—MR. MACLACHLAN. The point is, that if you once allow a chemist, under anybody's auspices, to sell certain materials, it is practically impossible to get a conviction when he sells for treatment.

52. It could be stated on the instructions that he is not allowed to treat diseases?—If you allow that, it would be impossible to get a conviction where he does treat the disease. He would say, "I was simply selling a disinfectant."

53. There would be no difficulty in getting a conviction in that case?—The difficulty at present is almost insuperable.

54. DR. CHARLES BOND. We were interested to hear from Dr. Coutts of the experiment in certain centres at Manchester and elsewhere under proper supervision. It is a valuable thing. Some of us think that it would be an enormous help to the country if we could get some public pronouncement from the Ministry on this question of indulgence in sexual intercourse—that it is anti-social, the problem being to put the onus on the man to put himself right again with the community. If you had that, you must make skilled supervision obtainable or provide facilities for getting the disinfectant from the chemist. You must put the onus on the individual?—COLONEL HARRISON. It is a matter for personal opinion. I should urge that it was definitely his duty to do everything he could, but whether the Government could issue a statement of that kind to the general population, I must leave to Mr. MacLachlan or Dr. Coutts. MR. MACLACHLAN. That question has been considered at various times. The real point is, will it reach the people who ought to be reached, and will it affect these people in the slightest degree?

55. It would come from the local authorities in each case. I fully see the difficulty?—MR. MACLACHLAN. Is it likely to have the slightest influence on the real sinners?

56. It is more from the point of view of getting those who have sinned to take the initiative?—That is being done in practically every area in the country, under the auspices of the National Council, local branches of which have been formed in the large majority of areas.

57. DR. AMAND ROUTH. About the impossibility apparently of getting the chemist to be able to provide these two disinfectants—Condy's fluid and calomel cream. If the chemist were allowed to sell—and I suppose he is now—calomel ointment or Condy's fluid, need he ask the question what it is for?—DR. COUTTS. Any man who goes in can get it if he asks for calomel cream.

58. We have two rather different opinions around this table. One is, would it be right for the chemist, if he sells these things, which he knows are used for venereal prevention, to put in instructions in the packet to say that they are to be used in such and such a way, and not to be used for treatment? Or should he hand them over without making any effort to show how they are

used?—If he puts in any instructions he is contravening the Act. If a man asks for permanganate of potash, the chemist does not know whether he is going to use it to stain his floor. If a man went in and asked for something to prevent venereal disease, or if the chemist puts in a leaflet to show how to use it, that is contrary to the Act.

59. The law would have to be altered to permit of him doing so?—Yes.

60. We have heard that the Ministry of Health—and we know it from Departmental papers—disapproves practically of advocating self-disinfection, for two reasons: partly because it is not always efficacious, and if they save one in a thousand the price to be paid is so great that a certain number of people would get to know about it, and its advocacy is apt to lead to some sort of sexual intercourse. Is that from the fear of the risk which is overcome, or is it from the slight moral control of the individual which is overcome? Which do you think is the greater likelihood to have been put on one side, fear or moral control?—It seems to me if a man has a preventive in his pocket, whether fear or moral control is the stronger element in his case, the presence of the packet or material in his pocket would make him more likely to give way.

61. Then you think fear has a good deal to do with people not going wrong in that way?—I think that all the education that is being given, by leaflets or otherwise, is a distinct discouragement to sexual immorality, and that if you officially recommend the practice of self-disinfection, you are liable to do away with that discouragement.

62. If the Ministry of Health has this objection to self-disinfection, how does it happen that it has allowed these boroughs to experiment in the matter? For instance, there are two we have had evidence about. One is at Portsmouth, where Dr. Fraser got the consent of practically everybody in Portsmouth, including the clergy, to agree to it, in which case, I presume, the clergy would take care that the continence and chastity side was well represented. In addition, in Manchester already, Dr. Niven has told us, that apparently it was adopted rather from the point of view of the Society for the Prevention of Venereal Disease, who supplied the leaflets and so on, and the poster was not anything like as strong on the chastity side as that of Portsmouth, and that the Ministry of Health had withdrawn it. How was it the Ministry of Health gave them the opportunity?—The Ministry were not consulted in the Portsmouth case. The procedure of issuing leaflets and giving instruction in self-disinfection was never put to the Ministry of Health for approval, and has never received the approval of the Ministry of Health. With regard to the Manchester poster, when the attention of the Ministry was drawn to it we wrote to the Manchester Corporation on the subject.

63. I thought we were under the impression that they could not have done it without the approval of the Ministry of Health?—MR. MACLACHLAN. There is no reason why a municipality

should not do as it likes. The approval of the Ministry of Health is only necessary when it is asked to pay part of the expense. I think there has been some confusion because of the experiments which we have sanctioned in Manchester, that is to say, the provision of two centres for disinfection under skilled supervision. Besides that, I gather the Manchester Corporation are supplying leaflets, issued by the Society referred to just now, to which we have not given any approval.

64. THE SECRETARY. It is a question whether you have approved of the Ablution Centres?—DR. COURTTS. Yes, we have approved of those.

65. In which the man received instruction in self-disinfection? —MR. MACLACHLAN. No. May I clear up that point? That allegation has been made before. I heard it made by a member of a deputation which waited on the Minister of Health last summer. It is not the fact. Various assertions have been made that the Ministry of Health have approved of the Manchester Corporation instructing men to disinfect themselves. The approval which has been given to the Manchester Ablution Centres laid down the condition that the disinfection must be carried out by, or under the supervision of, skilled attendants, who had themselves been instructed by a doctor. As a matter of fact, when our attention was called to the fact that a poster was displayed in the cubicle which might lead people to say, "This is really instructing men in self-disinfection," we communicated with the Manchester Corporation, calling attention to the terms under which our approval was given, which was to provide for disinfection under skilled supervision.

DR. AMAND ROUTH. We got information that instruction was given.

THE SECRETARY. As a man came up they necessarily told him how to do it—it was therefore a lesson in self-disinfection.

THE CHAIRMAN. I suggest that Dr. Marchant shall look up to find what the facts are.

66. DR. AMAND ROUTH. How many Ablution Centres are there in England now?—We have knowledge of three, besides the two in Manchester. They are at Bournemouth, Bootle and Portsmouth.

67. Do you recommend that Ablution Centres are more satisfactory to the individual than self-disinfection? Have you any view that it would be better if these were largely increased everywhere?—That is a question which has been under consideration at the Ministry of Health a long while. As a matter of fact, it is not at all a new point. The local authorities of the country were circularised by the Local Government Board two years ago in reference to this question. It is true that the references made to providing facilities of this kind were somewhat vague, and there has been but small response. It might be argued that the Ministry of Health should go further, and endeavour to persuade local authorities to take action of that kind. I think it is desirable to make it quite clear that the Ministry of Health

is not a department which does these things itself. It is not comparable to the War Office. It has to act through the local authorities, and it is necessary to obtain the co-operation of local authorities in any scheme of that kind. If we were desirous of stimulating local authorities to repeat the Manchester experiment, we should have to rely, I think, on the results of the experiments now being carried out there and elsewhere, and that is really the reason why no further steps have yet been taken. Manchester has been an experiment, and on the results of that experiment no doubt the Minister will base his future policy.

68. Will you tell me how much that is going to cost the country?—I do not think I can give you any figures which are worth quoting. Might I ask if the Committee obtained figures from Dr. Niven?

69. THE SECRETARY. Yes?—On that question Colonel Harrison could speak better than I can. If it is suggested that an enormous cost is involved, you will have to consider to what extent you are preventing the disease, and what is the cost of treating developed cases of these diseases.

70. DR. AMAND ROUTH. Do soldiers have to consult the surgeon as well as carry out self-disinfection? Is self-disinfection considered to be so satisfactory that they need not consult a doctor afterwards?—COLONEL HARRISON. I made an attempt to get this established, that, within twenty-four hours of a man having exposed himself to infection, he should report himself to the Medical Officer. It was not considered feasible, and chief reliance is placed on the packet in the Army.

71. As for civilians, should they consult their doctor afterwards, or would you leave it to them to do what they think right?—If you leave it to them you may as well leave it to them to look out for the first signs of disease should self-disinfection fail.

72. As to the advocacy or non-advocacy of self-disinfection for the prevention of venereal disease, one has seen but very little about the use of condoms. It seems curious to me. Everybody says, "That is a safe way, and the only argument against it is that it is a contraceptive at the same time. What is the reason why it is never mentioned? I am told they are used more than anything else, and yet they are never mentioned?"—If one is going to introduce preventive measures, I do not see why one should not "go the whole hog."

73. Have you any subtle reasons why it has not been mentioned?—The idea of it being a contraceptive. As you know, the Australian Forces did have condoms as part of their preventive measures.

74. DR. CHARLES GIBBS. Have you any statistics of the number of people who get venereal disease who are intoxicated at the time?—I have collected a lot of statistics, but I am afraid I have not got them here.

75. I have collected some at the Lock Hospital, and it works out at something like twenty-five per cent. Would that be exaggerating the number?—According to my figures, I think

that is rather high, but I would not like to say now, as I am speaking from memory.

76. Have you any statistics of the number of people who have had venereal disease more than once?—No.

77. SIR ERIC PRITCHARD. Dr. Coutts, I think you attach importance to the carrying of prophylactic packets about the person? You think it is an incentive, and has rather a weakening influence on the resistance to temptation?—DR. COUTTS. That is my personal opinion.

78. Do you think that any ordinary virtuously-minded person who never indulged in sexual intercourse would carry the packet about with him with the idea that he may fall into temptation and might be able to resist it? Do you think that a conceivable condition of affairs?—If he did not, he would not have the protection of self-disinfection, and then you would fail to protect the people you ought to protect—innocent people on their first fall.

79. Do you think that the knowledge that venereal disease can be prevented would make a person otherwise moral, immoral? It seems to me a very remarkable view of human nature?—I believe persons who have been otherwise moral must have given way at one moment, probably under the influence of a combination of circumstances. It is possible, and conceivable, that possession of a packet, and the belief that it will prevent the disease, may be the last straw which will make a person yield to temptation.

80. Although there might be a few, do you not think the great majority of people would be the people who deliberately run their heads into a nooze—people who go out with the intention of being immoral? Are not those the people who carry these packets?—Many of those are already aware of the steps which should be taken.

81. I think we were interested to hear from Colonel Harrison that those people do not know. Although they may have a vague idea that these diseases can be prevented, they do not know how to apply the methods. That is why his method failed. You still consider that your methods, if properly applied, would be efficacious?—COLONEL HARRISON. Yes.

82. Do you not think that those means would be efficacious?—No, not absolutely.

83. Very nearly?—Even the American figures do not prove that. Even with skilled disinfection you do not do that—you get one in fifteen hundred.

84. It is reduced?—Yes, it is reduced.

85. I am talking of skilled?—The Americans employed skilled disinfection.

86. Not all were?—Those figures are based on disinfection by skilled attendants. That is the American system.

87. Not altogether?—Yes, practically entirely skilled disinfection. There is a great amount of confusion of thought on this matter, because statistics relating to skilled disinfection are always being brought up in support of self-disinfection.

88. Do you think that the skilled employment of these methods by a second party is more satisfactory than the same method applied by the same skill by the person who has exposed himself to infection? I want to get you to admit that they are efficacious when practically and properly used, and I think these figures show it?

THE CHAIRMAN. I do not think Colonel Harrison has challenged them.

89. DR. ERIC PRITCHARD. I want him to admit that he failed, not because his method was wrong, but because the application was wrong. You do admit that?—Yes.

90. The efficaciousness of prophylactic methods depends on knowledge and education?—I think this matter of disinfection is more complicated and difficult than the average man realises, or than I realised when I embarked on it.

91. Because he cannot arrive at that degree of education and skill which make it efficacious?—You cannot instruct him, you cannot give to him that skill or knowledge of how to apply this disinfectant by means of posters and leaflets.

92. Why should you confine your methods of education to leaflets and posters? It is possible to educate children. Why do you stop there?—Yes, if you could educate them. How can you do it? It is possible by personal instruction individually, and that is why I say it is not applicable to the civil community, because you cannot give them individual instruction. At least I know of no method. I know this: where the conditions prevailing in the Army were such as prevail in the civil community, that is, where reliance was placed only on posters and formal lectures, and where the Medical Officer did not back up the literature by personal talks to small groups of men with all the earnestness of an enthusiast, there the venereal rate was not reduced. Where you had a Medical Officer individually instructing the men, you did get some results.

93. I don't see why that should not be applied to the civil population who deliberately expose themselves?—You could not apply it as intensively as is necessary to make it a success in the civil population.

94. There are medical men in the civil community quite as capable as those in the Army?—If people go to a medical man, it is quite legitimate that he should give the information. There is nothing to prevent him giving information. I thought the argument was about the giving of this information by posters and leaflets, and not by medical men at all.

95. We want to know whether there is a means of preventing this?—Ah!

96. You admit that this method would be efficacious if properly applied to any individual, civil or military?—Granted.

97. Why should any obstruction be put in the way of one who wishes?

THE CHAIRMAN. No one has suggested that any difficulties should be put in the way.

98. DR. ERIC PRITCHARD. I did not say that Colonel Harrison has?—If you give out the methods widely you will not achieve any particular result in reducing venereal disease, and you will be faced with great disadvantages. I believe even that, on balance, you would find that your venereal disease had increased.

99. The knowledge can only be got from education, and as the first step in education is the spread of a limited amount of knowledge, such as can be spread by leaflets, and when they want more knowledge they might acquire it?

THE CHAIRMAN. I think we have had Colonel Harrison's reply.

100. DR. ERIC PRITCHARD. I want to know whether, if his method is properly applied, with ordinary intelligence, by a reasonable person, it will prevent venereal disease?—It does not apply to my method alone.

101. THE SECRETARY. If every individual in the community was instructed by a medical man precisely how to carry out this method, you think those people would be likely to do it?—In many cases, not absolutely. I do not think the results would be quite safe. The Americans had skilled attendants and were disinfected by them.

102. MGR. PROV. BROWN. For the prophylactic treatment to be efficacious would it then be necessary for every male at a certain age to be instructed and be provided with prophylaxis?—He would have to be instructed, yes.

103. And if the application is to be made beforehand, must he not have the means of doing so beforehand?—You mean to use before he actually exposes himself to infection? Is it necessary that he should?

THE CHAIRMAN. The disinfectant is for use afterwards.

104. MGR. PROV. BROWN. I have heard it claimed that antecoxitus disinfection is efficacious. Granted that that is the proposal, would it involve every one being instructed, and provided with the material?—Undoubtedly.

105. DR. EUSTACE HILL. Arising out of Dr. Pritchard's question, the practical difficulties against self-disinfection being efficient are such items as alcoholism and the fact that in a large proportion of the cases of immorality intercourse is unpremeditated?—Yes.

106. It seems to me rather important, and that is why I ask your opinion. Do you think that venereal diseases are increasing?—I cannot answer that. There are no facts to go upon.

107. We have certain facts put forward by Dr. Niven. He showed that ophthalmia neonatorum of gonorrhoeal origin had increased in Manchester. I find that ophthalmia neonatorum in other parts of the country has also increased in the last two or three years. I want to ask whether you think that is evidence of venereal disease, or could it not be due to greater attention having been given to the subject of notification, and generally the better education of the midwife profession?—It is difficult

to say. The fact that it may be due to better notification nullifies the value of the evidence.

108. There is another point. You state that skilled disinfection at the Early Treatment Centres, if properly carried out, and if the people attend, will be effective within a short period of infection. Do you think it possible, for many years to come, to provide sufficient of such centres in a country district to make them a material factor in preventing venereal disease?—No, I think there are difficulties in country districts—serious difficulties.

109. Quite?—Then I think it may be possible to graft it on to our Treatment Centres. If intermediate treatment is made available at every Treatment Centre, then you have skilled disinfection also available at every Treatment Centre, and that is a strong argument in favour of having every Treatment Centre undertaking intermediate treatment of both sexes.

110. Can you give me information as to the attack rate in the British Army before the War?—You mean the rates per thousand per annum of admissions—50·9.

111. During the War?—They are here in Lord Astor's Report.

112. The reason why I asked was that I gather the attack rate in the American Army was 102 to 184 per thousand. Does not that suggest that in spite of the information we have had on that sheet (*exhibited*), showing how effective skilled disinfection is, that in practice, in spite of these penal conditions attached, it has failed to be effective in materially reducing venereal disease?—Of course, there is the other argument, that it would have been ever so much worse if you did not have these prophylactic methods.

113. Still the percentage is extremely high—184. The lowest is 102. It is twice the rate of the British Army before the War?—It is nearly three times. Of course, it shows that a system like this, perfected so well as the American, does not have the effect of abolishing venereal disease from amongst the communities in which it has been employed.

114. When you apply it to the mass, you still find a high incidence of venereal disease amongst the very troops to which these figures apply?—It seems to me to be an answer to those people who say, "If these measures are taken, venereal disease will be eradicated."

115. And that being so in the Army, the effect in the civil population is likely to be much less?—Yes, I think so.

116. DR. AGNES DUNNETT. I understand that it is the considered opinion of the Ministry of Health, after wide research and many experiments, that the only safeguard is continence and a high moral standard?—DR. COURTTS. It is refreshing to hear it.

117. Wasn't it your opinion that lectures of a high moral tone, such as Dr. E. B. Turner gave, were helpful to the troops?—COLONEL HARRISON. It is difficult to say. Of course, you cannot say what the rate would have been if it had not been for this, that and the other thing. The experience of the British

Army during the South African War was that the rate went up. The experience of our Army during the present War was that the rate was lower than it was in peace-time. Whether it was due to the lectures, or what it was due to, I cannot say. There were no effective disinfection methods on the whole until the War had existed nearly four years, as the ablution-chambers, established in 1916, effected very little.

118. Do you think that lectures and propaganda among women would be helpful?—Yes, if they were of the right type.

119. My viewpoint is different. I think women are omitted so much from this matter. If the disease could be eradicated in one sex, it would be a possible disappearance in the other. Should we not do a little more among women? You hear of posters. They are not for women. Do you think posters and propaganda would be useful for women?—I gathered that this discussion related to self-disinfection, and self-disinfection is more applicable to men than to women.

120. We have already Infant Welfare Centres, Ante-natal Clinics and Venereal Disease Centres for women. I get very little propaganda amongst the young girls and mothers?—DR. COURTIS. What district?

121. Chiswick, Brentford and Hampstead?—A great deal is done in provincial towns. For instance, the local authorities or the National Council have done a great deal in sending lecturers to factories where girls are employed, who give them individual instruction on the dangers of venereal disease and the importance of taking care of themselves, and I regret to hear that in some parts of London it has not been carried out.

122. DR. EUSTACE HILL. It is done in the North of England?—I know it is done.

123. DR. AGNES DUNNETT. Would it be possible to have some lecturers amongst our Infant Welfare Centres and Ante-natal Clinics in London?—You think the occasional introduction, especially to Ante-Natal Clinics, of a lecturer announced would be useful?—MR. MACLACHLAN. The proper body to approach would be the National Council, who have county branches.

124. DR. MARY SCHARLIEB. I think we have done a great deal of it?—They are the proper people.

125. DR. AGNES DUNNETT. I suggest you would have an audience just in the right state for it. I see a great deal of extra-genital chancres among women. It would prevent infection of the child if women were warned?—Yes.

126. I should like to see more preventive work in Venereal Disease Clinics. Practically nothing is done. I have not seen anything done in Venereal Disease Clinics?—COLONEL HARRISON. Where that is done a great deal depends on the Medical Officer. In many cases general directions are given, with the idea of instructing the mother how to prevent the disease from spreading to others. In St. Thomas's Hospital the patient is interviewed first by a trained social worker.

127. It is done in Guy's, where Dr. Morna Rawlings is in charge.

128. **SIR HUMPHRY DAVY ROLLESTON.** I should like to remove a misconception which may have been caused by an answer of Colonel Harrison. Does self-treatment do harm? Would it do harm, or would it prevent proper treatment taking place?—It would do harm in delaying the application of skilled treatment.

129. But in no other way?—Generally, in no other way. It would do harm because it would obviate proper treatment.

130. **THE CHAIRMAN.** The means of self-disinfection are not physically injurious when the disease is developed?—No.

131. **SIR HUMPHRY DAVY ROLLESTON.** The term self-treatment only refers to the treatment of the disease. Does Colonel Harrison think the application of preventive self-disinfection in itself does harm?—No, I don't think so. It depends on the nature of the preventive.

132. **DR. CHARLES BOND.** Does Colonel Harrison think that rubbing mercurial ointment on a sore does anything to the disease in driving it in? Is it distinctly harmful beyond delaying the doctor getting it?—I should probably recommend calomel ointment for rubbing on the sore.

133. **SIR ALFRED PEARCE GOULD.** The delay in the treatment is not a question of delay, but it is more difficult to cure than if it is done at once?—Yes.

134. But the disease becomes more difficult to cure?—Yes.

135. Practically impossible to cure?—I believe that so much that I have placed in my hospital a sign, "A stitch in time saves nine."

136. It is to the effect that a man who reports sick at once may be cured very rapidly. If he delays, his cure may take many months. That is the real importance of self-treatment?—The really important point is that it delays the application of skilled treatment, so that it prejudices the patient's recovery, and may probably leave him a carrier of disease germs.

137. **SIR HUMPHRY DAVY ROLLESTON.** I gather you were very much impressed by the lectures. You had taken remarks from Sir Archdall Reid's lecture?—Yes, it was handed to me by the War Office.

138. His statistics are rather striking, are they not, in favour of self-disinfection?—Yes, as they stand. We were willing to apply this method of self-disinfection, advocated by Sir Archdall Reid, in the Army, and did apply it.

139. Was that at Rochester Row?—No, Sir Archdall Reid was working at Portsmouth.

140. You tested his methods, didn't you?—I mean its application to the Army generally. The attention of the War Office was drawn to Sir Archdall Reid's results and his claims. I think I would not like to go more deeply into those claims, except that I did not feel entirely satisfied that they were fully substantiated. However, we were quite willing to say, at any rate, that he had brought enough evidence to justify a trial of his methods in the Army. At the same time, we remembered, and I think we should always remember, that a number of factors would account for a low statistical rate among two thousand troops in one station,

particularly at such a time. For instance, the true rate of a definite group cannot be ascertained when members of it are continually moving on and possibly reporting their diseases in other stations. Another point is the nature of the people composing his troops. Anybody who has charge of effective troops in the Army knows that troops differ very greatly in the incidence of venereal disease. For instance, I had charge of Aldershot Brigades of fighting troops, and of such groups as the R.A.M.C. and Royal Engineers. Whereas the rate amongst the ordinary fighting brigades was ordinary, there was practically no venereal disease amongst the groups of what I may call technical branches. I do not know what Sir Archdall Reid's people were composed of, but one realises that such a factor as that I have just mentioned might easily account for the very low rate amongst his troops. As another instance of this point, I had a chat with a Medical Officer one day, and he said, "It is most curious, this venereal disease, I don't know where all the cases occur. I had charge of some barracks at Portsmouth in 1916 and I got not a single case of venereal disease." I said, "How did you act?" and he said, "I did nothing. I had not a single case of venereal disease in two months." "How many troops had you?" I asked. "Two thousand," he answered. That justifies one in saying that other factors might account for Sir Archdall Reid's statistics.

141. DR. MARY SCHARLIEB. What percentage of the civil population would be able to disinfect themselves satisfactorily? How many would have the necessary intelligence and technique, the clever fingers to do it at all?—It is very difficult. I think generally it requires most careful instruction. At one time I thought you had only got to throw a leaflet at a fellow and he would carry it out all right—you had only to show the disinfectant, and all would be well. I learnt from my experience in the Army that it was not so, and for one reason or another it failed. We had an inquiry in three different hospitals to find out how many of the patients had actually carried out these instructions, or said they had carried them out, within five or ten minutes of exposure. The result showed that something like ten per cent. of the patients who were in hospital stated that they had carried out these instructions. Now that this question has been raised, I must add another point. It has been stated that these statistics were obtained by orderlies, in spite of the fact that, in the White Paper laid in the House of Lords, it was catagorically stated that these soldiers were questioned most carefully by Medical Officers who were not the slightest bit interested in any deduction which might be drawn from the replies. I do not know what that ten per cent. represents of the whole number who had used disinfectants. The point is, that we found the number representing ten per cent. of the patients in those venereal hospitals who had unsuccessfully used the methods in vogue.

142. That was a failure of disinfection. Must we not carefully reckon with the moral dangers of disinfection?—I am interested mainly in the reduction of venereal disease, and the main point

is, if you introduced a system of self-disinfection by a system of leaflets and posters, you would effect no reduction in venereal disease. You would introduce other factors which tend to make it increase, and a number of other disadvantages.

143. On these American figures, what is the explanation of their getting such brilliant results?—Entirely skilled disinfection. The Americans relied very little on self-disinfection. Colonel Whaley, who gave evidence before the Inter-Departmental Committee, said, “You fall between two stools.” They had no great opinion of it. They dropped it early in the War, except for men who went on leave for more than twenty-four hours. In some units nothing availed to reduce the venereal rate until they stopped giving leave which kept the men away overnight. This seems to me to demonstrate clearly their opinion of the value, or rather lack of value, of self-disinfection. In some statistics which Colonel Hugh Young gave at a Congress of the Red Cross held in Paris during the War, they had almost compelled men to be disinfected, and it was then that they got a reduction in venereal disease.

144. DR. CHARLES BOND. Stopping exposure to risk was the effective method?—No, the effective method was this. They judged that, if a man went on leave, it was possible that he would expose himself; so he went on a short pass, in order that he might be brought back and disinfected by a skilled attendant, and not have to rely on the packet. They stopped *all night* passes so that they could get him and disinfect him when he came back to barracks, as soon as possible after exposure.

145. DR. MARY SCHARLIEB. Would it be possible to get a campaign among midwives, so that they could watch for syphilis or gonorrhœa and recommend treatment?—DR. COURTS. That is being done in many districts.

146. They should be encouraged to do so?—I am sure Dr. Janet Campbell would agree.

147. DR. AMAND ROUTH. The Central Midwives’ Board says they must do that?—That is, report to the Supervising Authority.

148. SIR FREDERICK MOTT. I quite recognise the great difficulties you have had in making up your mind upon this point, because you have had a large experience. I think you have rather changed your ground since you first talked to me on the matter?—COLONEL HARRISON. Yes.

149. Because you wrote this little pamphlet, and you state there, you refer to Colonel Walker’s very successful disinfection of 2,426 successive men within an hour of exposure, and only two cases of venereal disease?—Skilled disinfection again.

150. But you say here, “In our Army, both Imperial and Colonial, disinfection has been on a voluntary basis, and the conditions therefore, have been more akin to those which may be expected to prevail in the civil community.” A voluntary system depends for its universal application on the energy with which it is pushed and the zeal with which the protagonists direct their efforts, for it is not impossible that the prominence given to

the acceptance of sexual incontinence would increase a natural desire and defeat its own ends?—I made a statement of events before you came in, the chief point of which was that I was very strongly in favour of this method of prevention by self-disinfection, and did my utmost for a long time to get it introduced into the Army, and it was only after it had been tried that I realised that it needed far more in the way of personal instruction than I originally thought to make it a success. When I was asked whether it was applicable to the civil community, I said I thought it was not. That is my opinion.

151. Is it not like antiseptic surgery? Are they likely to carry it out rigidly? We have evidence apart from Sir Archdall Reid's figures. There is Surgeon-Commander Boyden's evidence?—I don't exactly find fault with it. I find it is a small experience—496 bottles of permanganate. I am basing my experience on more nearly 4,960,000.

152. You publish here 1,222, and it is rather a curious result that you got, and I don't understand it, because you say here, "With calomel and permanganate lotions one hour after exposure, four syphilis, thirteen gonorrhœa and one other venereal disease—1·2 per cent.; after four hours, two syphilis, ten gonorrhœa and one other venereal disease, 13 to 0·8 per cent." The later the lower the percentage?—It was a pity that the table was published in that form; it seems to have been greatly misunderstood.

153. Is it wrong?—It was not intended for that purpose at all; it was a table to indicate the precautions which had been taken by a group of venereal patients. It had nothing to do with the effect of those precautions at all.

154. One might take it to mean that?—It is not the percentage of those who took the complete precautions. It is the percentage of patients found in the Venereal Disease Hospital who had taken certain precautions. For instance, you will find there is a bigger number here taking permanganate solutions. I don't assume from that, that permanganate lotion was less efficacious than calomel, even though I have other evidence to show that the calomel tube was more popular than the permanganate.

155. You have drawn conclusions on the eight hundred, you object to the four hundred and ninety-six?—On a different point altogether.

156. You recognise the difficulty of getting men to these Ablution Centres and the necessity of having some secret method, and you draw out a very elaborate system. Does it not suggest that a great many people will not go to the Ablution Centres?—There has been a certain success in the attendance at Manchester.

157. There is that objection?—That men will be more likely to do a thing which is secret.

158. How many centres are there?—MR. MACLACHLAN. One hundred and eighty-five.

159. And three Ablution Centres?—There are five places where definite arrangements are made for skilled disinfection at any hour of the day or night.

160. Five out of one hundred and eighty-five?—In addition, the South London Hospital for Women is supposed to have arrangements in force, or had arrangements in force for two years previous to 1919, but no case had reported up to that date. There are also six attached to Treatment Centres and ten other hospitals where the Medical Officer or the House Surgeon will attend to a case. We don't know whether they are advertised as places where disinfection is given. Also at Bolton arrangements are made for skilled disinfection at certain hours. That statement is complete, so far as we know.

161. Can you tell us the cost of these Ablution Centres. It is an important matter. The London County Council would not have these centres?—The question was discussed last year at the London County Council, and I think they were disinclined to adopt them on principle. I do not remember that the question of cost was raised. The question of cost may be determined by the experience of Manchester.

162. It seems to me it will be very difficult, if it rests with the Municipal Authorities, to get them to make any great outlay on providing these Ablution Centres?—It is surely a question of comparing the cost (when you get something like statistics from Manchester) with the probable saving which it will effect in preventing the development of the disease.

163. At the present time the only thing is curative treatment in the greater number of centres?—Provided at the cost of the State?

164. Yes?—The ordinary Treatment Centre is supposed to provide diagnosis and treatment for anybody who applies.

165. Can you tell me whether there is any evidence to show that venereal disease is diminishing?—COLONEL HARRISON. We answered that just now.

166. Dr. Sequeira said the incidence of extra-genital chancres had gone up?—I have not noticed any remarkable increase. Of course, I expect to find a certain number of extra-genital chancres, but then my turnover has increased to seven or eight thousand attendances a month. It seems to me rather dangerous to infer much from increase of types of disease discovered at Venereal Disease Clinics at present.

167. Then it is stated that venereal disease is going down because locomotor ataxy and general paralysis have not increased?—That was an error. DR. COUTTS. It could not affect the question as to increase of venereal disease during the War, at any rate.

168. It was stated?—It was stated.

169. Something should be done to prevent it if possible?—If possible.

170. Do you see any objection to this being made a question for the Medical Officer of Health of the district, as at Portsmouth?—COLONEL HARRISON. Yes. Applied loosely, I think it is likely to do more harm than good. The results, if any, which you would get in reduction of venereal disease, would not be worth the price you had to pay for them.

171. You say it is positively harmful?—On balance, yes.

172. Have you any proof?—Only my experience in the Army.

173. Then your Army experience was against using prophylactics altogether?—Against using them?!! I said that my experience in the Army showed that a system of prevention by self-disinfection failed unless accompanied by practical personal and individual instruction. That you could not get in the civil community.

174. THE SECRETARY. In order to give this efficient instruction it would be necessary to instruct every person in the community?—Practically.

175. Individually?—Yes.

176. By a skilled instructor?—After I had watched the thing for a year I came to the conclusion that it required much more than I thought originally to make it a success.

APPENDICES

I

(See page 8 of the Evidence)

FIGURES OF LOCK HOSPITAL, DEAN STREET, LONDON

EIGHT MONTHS OF 1920

| Ending | Cases. | Single. | Married. | Widowers. | Tee-totallers. | Moderate Drinkers. | Drunk at time of infection. | Multiple Attacks. |
|-----------------------------|-------------------|---------|----------|-----------|----------------|--------------------|-----------------------------|-------------------|
| Dec. 1 | 497 | 365 | 127 | 5 | 15 | 383 | 99 | 195 |
| Nov. | 430 | 319 | 96 | 15 | 13 | 332 | 85 | 165 |
| Oct. } Sept. } Aug. } | 1604 (av. 565) | 1269 | 386 | 39 | 123 | 1229 | 342 | 485 |
| July | 581 | 425 | 149 | 7 | 54 | 416 | 111 | 197 |
| June | 572 | 433 | 133 | 6 | 40 | 421 | 111 | 202 |
| May | 768 | 569 | 189 | 10 | 89 | 544 | 135 | 246 |
| Total | 4542 | 3380 | 1080 | 82 | 334 | 3325 | 883 | 1490 |

TABULAR RETURN OF NEW PATIENTS, 1919-20, "IN THE SCHEME" LONDON LOCK HOSPITAL, GOVERNMENT V.D. CLINIC

| Dean Street Male Hospital, New Patients. | | | | | | | | |
|--|--------|---------------|------|------|----------|------|------|----------------|
| Period. | Males. | | | | Females. | | | |
| | Syph. | Soft Chancre. | Gon. | N.V. | Syph. | Gon. | N.V. | Total Treated. |
| 1919 | 1318 | 81 | 3149 | 442 | 131 | 236 | 54 | 5411 |
| 1920 ¹ | 965 | 166 | 2653 | 387 | 117 | 198 | 56 | 4542 |

ATTENDANCES OF OUT-PATIENTS

| Dean Street, Male and Female, O. Ps. | |
|--------------------------------------|---------------------|
| 1919 | 62,575 |
| 1920 ¹ | 70,317 ² |

¹ 1920 is for eight months attendances only.

² Includes 5924 Mercury injections given.

II

(See page 211 of the Evidence)

STUDY THIS CHART

VALUE OF EARLY PROPHYLAXIS

Time between Sexual Act
and Prophylaxis Treatment.

| | |
|---|------------------------------------|
| 1 Hour | 8 failures in 10,000 Treatments. |
| 2 Hours | 55 failures in 10,000 Treatments. |
| 3 Hours | 77 failures in 10,000 Treatments. |
| (Less than 1 failure per 100 if taken before 3 Hours. Still more than 99 per cent. effective.) | |
| 5 Hours | 157 failures in 10,000 Treatments. |
| 7 Hours | 227 failures in 10,000 Treatments. |
| 9 Hours | 362 failures in 10,000 Treatments. |
| More than | |
| 10 Hours | 740 failures in 10,000 Treatments. |

Take it early—don't take a chance.

But remember it is better late than never.

III

(See page 138 of the Evidence)

War Office,
London, S.W.
November 1920.

MY LORD BISHOP,

I am commanded by the Army Council to acknowledge the receipt of your letter of October 26, 1920, regarding the methods of prophylaxis and the incidence of venereal disease amongst troops serving with the British Forces on the Rhine.

In reply I am to inform you that the methods of prophylaxis employed are :—

(i) Frequent lectures to troops by selected Medical Officers; lectures and informal talks by regimental officers and Chaplains.

(ii) Counter-attractions in the form of entertainments in barracks.

(iii) The establishment of Early Treatment Centres, where men may obtain early-treatment outfits, consisting of a tube of calomel cream and cotton wool contained in an envelope, on which are printed instructions for use. These centres have been established in each unit, and, in addition, "public" centres exist in certain localities for general use. All are under the supervision of a specially-selected Medical Officer.

(iv) It is also reported that a draft Ordinance, giving additional powers for the control of prostitutes in the area of occupation, has now been prepared by the Rhineland High Commission, which it is anticipated will shortly come into force.

As regards the incidence of this disease, I am to state that the latest figures available are those for the quarters ending June and September last, which show a contraction rate of 53·79 and 38·38 per thousand men respectively. These figures indicate a very satisfactory reduction in the incidence of the disease during the September quarter.

I am, my Lord,

Your obedient servant,

B. B. CUBITT.

The Lord Bishop of Birmingham,
Rhondda House,
60, Gower Street,
W.C. 1.

IV

Manifesto of the Medical Women's Federation (referred to by Lady Barrett, p. 171).

"We desire to point out that, in the case of women, either prophylaxis or early preventive treatment would be used as preventive of conception.

"The complete carrying out of such a system must include the distribution of packets and the placing of posters drawing attention to the system in public lavatories and other suitable places.

"Whether or no safety could be obtained, promiscuous intercourse would be looked upon as free from risk of infection, and to a great extent free from risk of conception, and as recognised and protected by the State and Health Authorities, who would become in the eyes of the ignorant the consenting party to their action.

"We believe that by no such method can the problem of venereal disease be met, and that a phase of society would be produced as vicious and degenerate as any of which history has record. *Safety from infection would not be attained, while moral degeneration and sex excesses would rot the very foundation of society.*

"We wish to make it quite clear that we are not advocating the retention of disease in order that the fear of infection may deter from promiscuous indulgence. Our point is, that promiscuous indulgence would not be safe, while the attitude of the State would encourage the false idea that it was safe and countenanced by the Authorities, and so would inevitably lead to increased indulgence, and quite possibly to increased disease."

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